

# THE MEDICAL EXAMINER.

NEW SERIES.—NO. CXXXVIII.—JUNE, 1856.

## ORIGINAL COMMUNICATIONS.

*Case of Inversio-Uteri.* By SAMUEL P. BROWN, M. D., of  
Greensburgh, Pa.

Mrs. E., a healthy young woman, in her second confinement, requested my attendance on the morning of the 3d of April, 1856, at 3 o'clock, A. M. I found she had been in labor all night, the pains recurring at intervals of ten and fifteen minutes, short and without tenesmus; this continued until about 8 o'clock, A. M., when they became more frequent and effective. Whilst walking about the room, a strong bearing down pain came on, during which she got on her knees close by the bed; I went to her assistance, when, with a violent expulsive effort, the foetus was extruded. She immediately complained of exhaustion and pain in the abdomen, and desired to be put to bed, which I requested the attendants to do, my attention being directed to the child. In a few moments one of the women called to me that she was flooding profusely. I immediately went to her, and whilst my hand was on the abdomen, she was seized with a violent pain, which I thought expelled the placenta; but what was my astonishment, on introducing my hand under the covering, to find the uterus inverted, with the placenta adherent. Feeling very much alarmed for the safety of my patient, and knowing that my friend A. T. King, M. D., and my son R. Brown, M. D., were about that hour to meet in the neighborhood for the purpose of making a *post mortem* examination, I requested their at-

tendance; meanwhile I attempted to return the uterus with the placenta, but failed. My son arriving at this time, took hold of the uterus and peeled off the placenta, then grasping the part with his hand, re-introduced it into the vagina, carried it through the os uteri, and indenting the fundus, pushed it forward with the fingers in a conical shape, and thus, without much difficulty, succeeded in replacing it. Strong uterine contractions occurred soon afterwards. Dr. King now came in, and at our request made an examination, and found the fundus again slightly depressed.

Under the careful administration of stimulants and anodynes she soon rallied. No hæmorrhage occurred afterwards, and with the exception of retention of urine, which required the use of the catheter twice daily, for the remainder of the week, she had a good getting up. The secretion of milk was not fully established until after the ninth day.

I have been actively engaged in the practice of medicine for upward of thirty years, have attended over three thousand labors, and never met with a case of inversion before. Authors inform us that the causes are atony of the uterus, or active contraction of the one part with atonic condition of another, too violent traction of the cord in extraction of the placenta, want of length in the funis or its shortening by being coiled around the neck of the child, &c. In the case now stated, my opinion is, that depression took place immediately on the birth of the child, from the violent expulsive effort combined with the shortness of the funis, hence the sinking and pain, followed by hæmorrhage, which ceased immediately when the inversion became complete.

[A very interesting case of inversion of the uterus, with reposition on the eighth day, is reported by Prof. White, in the March number of the Buffalo Medical Journal. The patient had been attended by a German midwife, who stated that after a brief labor, she had given birth to a male infant, weighing upwards of 10 pounds. The placenta very soon came away, accompanied by the inverted uterus, which descended into the vagina. The flooding at this time was described as terrific, and produced protracted syncope. No medical assistance was requested for several days afterwards, by which time the tumor had descended through the os externum, and had become suspended between the patient's thighs. The first attempt to replace it by Dr. White proved unsuccessful, in consequence of the fainting of the patient from loss



of blood during the effort; the vulva was very sensitive also, and it was therefore deemed prudent to cease all efforts until the following day. On this day, the eighth after labor, her vulvar soreness being much relieved by the fomentations which had been applied, and her strength sustained by the administration of broths and stimulants, although still greatly prostrated, Dr. White again attempted, and at last succeeded, in replacing the inversion. Chloroform, it should be mentioned, was administered during the whole operation. As an instructive example of the plan of proceeding to be adopted under such circumstances, we copy Dr. White's statement in detail:—

“I now placed myself upon my knees between the inferior extremities of the patient, a position admitting of free motion on my own part, giving complete control of the pelvis of the woman, and which could be maintained for a considerable period without unnecessary fatigue to the operator. Introducing the entire right hand into the vagina, the whole body and fundus of the organ were firmly and continuously compressed for some time. At length, keeping up the pressure, it was found, upon applying the thumb to the fundus, that a slight depression could be made. Having succeeded in dimpling the fundus, pressure was maintained with the thumb at that point until the hand became so fatigued as to be nearly powerless. To preserve this depression whilst the muscles of the hand were permitted to relax, a rectum bougie, about twelve inches in length and one in diameter, was carried along its palm fixed in the the dimple, and pressure unintermittingly continued through it by the left hand outside the vulva. So soon as the intro-vaginal hand was sufficiently rested, pressure by it was recommenced and the bougie withdrawn.

Whenever these progressive efforts were resumed, the left hand was placed over the uterine tumor, which could now be distinctly felt in the hypogastrium. By means of the counter pressure above the pubis, a much greater degree of pressure could be made upon the depression in the fundus of the uterus without lacerating its vaginal connections. At length the fingers of the left hand being pressed well down into the abdomen, seemed to fasten upon or hook over the anterior uterine lip and aid in its reflexion over the organ. Thus securely held between the two hands, one within the vagina and the other upon the hypogastrium, these efforts at reduction were continued until I became nearly exhausted from fatigue. Gradually the concavity of the fundus was found to be deeper and deeper, until it finally became completely restored. The bougie was now passed up to the fundus, penetrating twelve or more inches beyond the vulva, and gently maintained there by Prof. Hunt, whilst the patient was replaced in bed. My fingers were so benumbed by the long-continued unremitting pressure, as nearly to obliterate sensation, and at my request he also examined to ascertain whether the organs now occupied their normal relations. This being determined by him affirmatively, the bougie was gently withdrawn and the patient left with

directions to give an anodyne, preserve quietude, and give her stimulants and nourishment freely. It may be added, that she seemed more comfortable than before the operation was undertaken, and expressed herself as feeling better than since her confinement. The hæmorrhage was, from this moment, completely arrested."

Two days afterwards the patient expired. On the succeeding day "the *post-mortem* was made by Dr. Lemon, in presence of Drs. Storek, Dupré, Hamenstein, and Prof. Hunt, the last of whom, at my request, furnishes the following report of the condition of parts as they were found upon examination:—

'The examination was held eighteen hours after death. Only the abdominal cavity was opened. All the tissues were extremely bloodless. The stomach and intestines were fully inflated with gas, but held hardly any fluid contents.

The walls of the intestines were white and translucent, and no trace of inflammatory injection could be found, either upon them or any portion of the peritoneum. There was, however, a little serous effusion within the peritoneum, and between some of the convolutions of the intestine a very little lymph was exuded.

The uterus was dragged up and removed with as much of the vaginal cavity as could be reached from within. Externally the uterus presented its normal shape and position, there being no trace of its recent dislocation. The vaginal mucous membrane and the os uteri, presented the dark color usual to the organ at this period after labor. The tissues were not softened, nor was there any laceration of them at any point.

Upon section through the posterior wall the same pale, bloodless appearance, noticed elsewhere, was presented. The uterine cavity contained a little altered blood. Upon washing the surface it presented no unusual appearance. The situation of the placenta was marked by the usual rough, flocculent surface.

The examination revealed no cause of death, unless the anæmic condition of the tissues may be considered as such. I have never before seen so bloodless a subject, with one exception; that of a girl who died from purpura hæmorrhagica.' "

Unfortunate as was the result in this instance, the case, as Dr. White observes, will encourage practitioners to undertake reduction at a much later period than most writers have heretofore advised.

"Denman, Dewes, Velpeau, and others, believe any effort at restoration useless after a very few hours. In a valuable paper upon this subject from the editor of the Buffalo Medical Journal, to be found in the November number of that Journal for 1853, sixty-seven cases are collected, and all the facts pertaining to their reduction, so far as they could be obtained, are given. Most of the cases which were successfully treated were operated upon very soon after the accident. Thirty-two of the sixty-seven were not reduced, and a few 'exceptional cases' at various periods after the first day. By this table Dr. Hunt has shown that treatment has, though very rarely, resulted in success at this period



than was formerly supposed practicable, and the above case furnishes another instance in support of the same position."

Dr. White concludes his article with the following :—

"The moderate anæsthesia, continued during the efforts of manipulation, doubtless saved the patient much pain and lessened involuntary resistance. Whether the patient's chances of rallying were improved by the reposition, may, by some, be deemed doubtful. There were no lesions of the utero-vaginal connection found, indicating that such a degree of force had been used as to impair the integrity of, or excite inflammation in those tissues. The hæmorrhage which had been considerable during the previous twenty-four hours, ceased with reduction, and the woman was much more comfortable the day following than the one preceding. The patient doubtless died from loss of blood immediately attending the delivery of the placenta and inversion of the uterus, the disturbance of the system occasioned by the unnatural position of that organ during eight days, and continuous drain by hæmorrhage during the same period. I believe it the opinion of all present that the shock of the operation of reposition was fully compensated by the increased comfort of the patient and arrest of flooding. She had, however, lost too large an amount of blood, reäction could not be established, though nature was aided in her efforts by all the resources of art."

Dr. Simpson in a paper published in the *Edinburgh Medical and Surgical Journal*, (see his *Obstetric Memoirs*, p. 724,) makes the following remarks upon the treatment of these cases :—

"In the *treatment* of inverted uterus, and in attempting that reduction of the organ which always forms our most immediate indication, Dr. Radford strongly advises us, provided the inversion is complete, and the placenta still attached, to remove this latter mass, before we endeavor to compress and return the uterus itself. He has, as we have just hinted, fully shown that we need not be deterred from this practice by any dread of hæmorrhage. If the placenta, he observes, be completely detached from the uterus, this organ contracts as under ordinary circumstances, and that bleeding ceases. We need scarcely point out how much the separation of the placental mass will facilitate our attempts at reduction, and how highly necessary it is to effect this, if possible, before the inverted viscus becomes enlarged from congestion, and before the os uteri becomes too much irritated and contracted to admit of its easy return. In one case, Dr. Denman was unable to reduce the organ after the lapse of four hours. We must not, however, despair, if unsuccessful in our first efforts, or during the first stage. The inverted uterus has been reduced now in a number of instances, at a distance of several days from the occurrence of the accident, in cases where the threatened inflammatory symptoms had been kept in abeyance by the active measures that were adopted. Mr. Cawley, in one instance, reduced the organ after it had been down three days; and in other cases Dr. Bradford reduced it after seven, and Mr. Ingleby after eight days. In one case Dr.

Belcombe succeeded, though the inversion had existed as long as twelve weeks. Cautious attempts of this kind, where there is no inflammatory complication, may, therefore, in some cases be warrantable, at a late period after the accident, with a view of saving the patient from those constant discharges, and other annoyances and miseries which the disease, when not remedied in its first stages, very generally entails."

It is a very singular, though a well attested fact, difficult as it is to account for it, that a spontaneous reduction of the inverted womb has been occasionally known to take place. Several cases of such an occurrence are related by Dr. Meigs in his Treatise on "Woman, her Diseases and Remedies," two of which fell under his own cognizance. They will be found described in his letter on *Inversio Uteri*, p. 241, 3d edition.—Ed.]

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*A Rigid, Anchylosed, Human Skeleton, the result of Rheumatism.* By H. P. C. WILSON, Physician to the Baltimore City and County Alms House.

Among many anomalous cases which have come under my care at the Baltimore City and County Alms House, there is none which seems more worthy of a place in your journal than the subjoined one of ankylosis. The specimen was viewed with great interest at the Pathological Society of Baltimore, before which it was laid; and it becomes my pleasure to place it on record for the benefit of the whole profession.

This case, so far as I am aware, is unparalleled in the extent of ossification. Nor is the anomaly of a completely rigid, ossified human frame more curious than the fact, that this condition was associated with a healthy performance of all the functions of animal life.

The case was under my care for four months previous to death, during which time I obtained the following history:—

E. E. was admitted to the Alms House in May, 1846. Was then 21 years old. Was a native of Germany, and had come to this country some three years previously. Had been married twice. By first husband had two children, both dead. By last husband had one child, still living. Two years before admission, was attacked with rheumatism, with which she suffered uninterruptedly with greater or less severity up to the time she came in. Was a laboring woman, and had to undergo much exposure, and endure many privations to obtain a support for herself and child. Her second husband being dead, and her



disease, from having been acute, becoming chronic, so that her joints began to stiffen and incapacitate her for labor, she was compelled to take refuge in the Baltimore City and County Alms House.

When admitted, could help herself in various ways; could feed herself, turn in bed, walk, and perform most of the other motions of which the joints are capable, but most of them with difficulty, and none with the facility belonging to healthy, uncomplicated joints.

She went on from bad to worse; and when I took charge of the hospital, in March, 1855, I found her lying on her back, without the ability to move a single joint in the body, save a very partial motion of the lower jaw, and the costo-vertebral articulations. Her hands were pronated, and her fore-arms flexed upon the arms, and resting upon the upper part of the abdomen. The soles of her feet were applied one to another. Her legs were flexed upon her thighs, and her thighs upon the pelvis. This, I am told, has been her position, from soon after the date of admission until the date of death, a period of nine years, during which time she has remained a rigid, motionless being. Dry gangrene had taken place in many of her fingers and toes; and in this dry parched state were twisted upon themselves in various ways, so as to resemble more the talons of birds of prey, than what they were.

The various functions of animal life were performed well. Slept well; appetite good, circulation, defecation, and urination all good. Was a picture of patience, and seemed not to suffer a great deal, except at certain periods, as during stormy weather. Was fed on liquids, being incapable of mastication.

She died of typhoid fever, supervening on scurvy, July 9th, 1856.

By inspecting the skeleton of the above subject now in my possession, the inter-articular cartilages of the upper and lower jaw will be found completely ossified; with such an amount of bony matter thrown out in and around the joint as to allow but very partial motion. The history of the case substantiated the same during life.

The occipito-atloid articulation is so anchylosed, as to blot out all evidences of a joint having ever existed.

The intervertebral substances are converted into bone, and the spinal column thus changed into a rigid inflexible pillar.

The sterno-clavicular, and scapulo-clavicular articulations are completely obliterated, the three bones being united into one, without the trace of a joint.

The xiphoid and costal cartilages are all changed into bone.

Each humerus is anchylosed to its scapula. Each radius and ulna to its humerus, and to each other. Each carpus is as a single bone, firmly anchylosed at the wrist joint. Each metacarpal bone, with its phalanges, is as one firm, inflexible bone. Similar to the wrist, and hand, and fingers, is the anchylosed condition of the ankle, foot, and toes; and as for the radius, ulna, and humerus, so for the tibia, fibula and femur.

No joint in the body then was capable of the slightest motion, save the two above mentioned, and in these, motion was but very partial. The bones were exceeding light, not weighing one third as much as their counterparts in the healthy subject. The earthy matter was apparently wholly removed from the cancellated structure.

It is to be regretted that circumstances prevented me from making a careful autopsy of this subject. No doubt ossific matter would have been found extensively deposited in and about various organs, (especially the circulatory system) to add additional wonder to this truly anomalous case.

Baltimore, April 14th, 1856.

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*Case of Triplets.* By J. LEVERGOOD, M. D.

In the February No. of the Examiner, the writer recorded a case of triplets that occurred in his practice, and noted a peculiarity in the excessive shortening of the funis, in connection with it. Since then, another triplet *accouchement* has startled our community from its propriety; and well it might, it making the third case of the kind that has occurred in this borough within the last forty-eight months. When we take into consideration the fact, that the last census gave us a population of but 1310 souls, we can still better appreciate the remarkable nature of the occurrence I have mentioned, as statistics prove triple births to be an unusual event in obstetrical practice. In James' Burns



we find it stated, that "more than three are not met with once in twenty thousand times." Cazeaux says, in speaking of multiple pregnancy, "triplets are very rare, since there were but five in the records of 36,441 *accouchements* that occurred at la Maternité in Paris. On referring to Churchill's elaborate statistical tables, we there find, that in a total of 448,998 cases, there were only 77 triplets, or 1 in 5,831. Two of the three females referred to were previously confined with twins.

Through the kindness of Dr. John A. Thompson, in whose practice the case happened, I am placed in possession of such facts as are necessary to constitute a satisfactory account of it; and they are succinctly these:—

Was called Jan. 25th, to attend Mrs. P., æt. 38, in her fourth labor. A per vaginam examination discovered the os uteri tolerably well dilated, membranes unruptured, and head presenting. The pains increasing both in frequency and force, the bag of waters was ruptured, and shortly afterwards a healthy male child was born. There being evidence of another fœtus in utero, an examination detected the feet of a second child, and its delivery speedily followed. This was a female, and lived but a few hours after its birth. Upon the *touch* being again applied, a third child was found, head presenting, and its delivery was not long delayed, it being a vigorous male infant. Slight traction upon the cords had the effect to bring away three separate placentæ, and the parturition was completed in two hours from the commencement of the parturient throes.

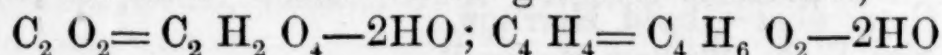
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*On the Formation of Formic Acid from Carbonic Acid Gas.*

By BERTHELOT.

(Translated for the Examiner.)

Carbonic acid gas stands, in certain respects, in the same relation to formic acid that olefiant gas does to alcohol,



By heating with concentrated sulphuric acid, alcohol affords olefiant gas; formic acid, carbonic oxide gas. Guided by these considerations, Berthelot attempted to produce formic acid from carbonic oxide, in the same manner as he had done in the regeneration of alcohol by means of sulphuric acid (*Annalen*, xciv.

78). The formation of formic acid from carbonic oxide did, in fact, take place when the latter body was allowed to act at an elevated temperature upon potassa. Ten gram. of slightly moistened potassa were put in a globe of  $\frac{1}{2}$  litre contents; the globe then filled with carbonic oxide gas, the opening closed by melting over the lamp and heated for 40 hours in a water bath. When opened under quicksilver, the latter fills the globe completely, the carbonic oxide gas has been absorbed, and if the contents of the globe be now dissolved in water, the solution saturated with sulphuric acid and distilled, dilute formic acid passes over.—*Annalen der Chemie*, Jan., 1856, from *Compt. Rendus*.

#### AMERICAN MEDICAL ASSOCIATION.

The Ninth Annual Meeting of the Association, was held in the city of Detroit, Mich., in Fireman's Hall. The Session was opened on Tuesday, May 6th, at 11 o'clock A. M. The president, Dr. Geo. B. Wood of Pennsylvania, in the chair.

Dr. Pitcher, of Michigan on behalf of the Committee of Arrangements, offered, in a few eloquent remarks, a cordial welcome to the delegates.

The list of Delegates who had registered their names, was reported by the Committee of Arrangements.

The roll was then called by Dr. Wister, of Pennsylvania.

On motion of Dr. Thomson, of Delaware, a recess of fifteen minutes was taken to allow the delegates from the respective States to report one member from each State represented, as a committee to nominate officers for the ensuing year.

At the expiration of the recess, the Association was called to order, and the different State delegations then reported their choice, respectively, of a delegate to serve on the nominating committee, which was constituted as follows:

Maine—N. P. Monroe.

New Hampshire—H. Peirce.

Massachusetts—H. H. Childs.

Vermont—C. L. Allen.

Rhode Island—J. E. Warren.

Connecticut—David Harrison.

New York—William Rockwell.

New Jersey—L. A. Smith.

Pennsylvania—John Neill.

Delaware—J. W. Thomson.

Maryland—P. Wroth.

South Carolina—E. Geddings.

Tennessee—J. B. Lindsley.



*Kentucky*—W. S. Sutton.

*Minnesota*—C. W. LeBoutillier.

*Michigan*—M. Gunn.

*Ohio*—Thos. W. Gordon.

*Indiana*—Dr. Winton.

*Illinois*—H. Noble.

*Wisconsin*—W. H. Brisbane.

After the Nominating Committee had retired, Dr. Pitcher, of Michigan, from the Committee of Arrangements, submitted the following report :

In conformity to the domestic and social usages of the place of meeting, the committee have to suggest that the sessions of the Association take place in accordance with the following plan, and that they commence and terminate each day at the hours designated therein :

*Tuesday*—Morning session begins at 9 A. M. and ends at half-past 12 M. Afternoon session begins at 2 P. M. and ends at 5 P. M.

*Wednesday*—Morning session begins at 9 A. M. and ends at half-past 12 M. Afternoon no session.

*Thursday*—Morning session begins at 9 A. M. and ends at half-past 12 M. Afternoon session begins at 2 and ends at 5 P. M.

*Friday*—Morning session begins at 9 o'clock A. M.

This arrangement of the hours of meeting and adjournment conforms, also, to the suggestions contained in the resolutions of Dr. N. S. Davis of Illinois, and which were, on his motion, referred to this Committee for their consideration by a vote of the Association, (see vol. viii. p. 52). Regard for the mover of the resolutions, and the authority of the body by which they were submitted to us, requires from the Committee a respectful reply. Your committee, in view of the existing state of our professional literature, feel reluctant to advise a departure from the present mode of laboring to promote a higher degree of culture in those preparing to become members of the medical profession, and to establish in those already engaged in its duties a habit of recording the results of their observations. They think that the effects of such a change as is contemplated in the resolutions of Professor Davis, and the more amplified expression of his idea, contained in the address of the then President, Dr. Pope, of Missouri, delivered at Philadelphia, in 1855, can be easily foreseen. To a few who are gifted with colloquial powers, and to others who have undergone the discipline required to fit them for public debate, the interest of the meetings conducted upon the plan proposed in the resolutions would be greatly increased, but as the great body of the Association would, voluntarily, it is true, be excluded from participation in these exercises, the enthusiasm which now characterizes our anniversaries would subside, and with it the professional *esprit du corps* which has already been developed through the instrumentality of the Association. We presume that the objects for which this organization was effected have not been lost sight of by the majority of its members. Neither can it be pretended that those purposes have been so far accomplished as to justify us in laying it aside, or of diverting it from its original design.

Your committee feel that the profession has no right to rail at the public for misappreciation of it, so long as we continue to admit men into its folds destitute of that knowledge, both in nature and degree, necessary to make a decent appearance in general society, or to fit a man for the more ordinary and less responsible pursuits of life. From the early records of the Association it appears that this conviction on the part of the profession in the United States, connected with the design of reforming, in certain particulars, the medical schools of our country, led to its organization in 1847, and until its mission in both respects has been accomplished, the committee would reluctantly recommend the adoption of any measure tending in their judgment to divert it from the design of its creation. Thus far the influence of the Association has gradually extended itself into the rank and file of the profession. It has increased the number of writers, given an impulse to the medical mind, and encouraged a useful and laborious class, gratified to observe, and willing to submit their observations to the public, because they can be incorporated into the body of the Transactions without being subjected to a sifting criticism. It is true, that in this way articles have been printed that did not always enure to the credit of the Association, but at the same time, and by that means, motion and fertility have been given to minds that would have lain fallow and unproductive, which the dread of the conspicuity belonging to a mental gymnasium would have driven into deeper obscurity. The committee, however, whilst they would resist any tendency to radicalism in their own opinions, cannot dismiss the subject without expressing their belief that, in order to secure the objects of our organization, it is as necessary to increase the depth and breadth of its base as to elevate the shaft designed to spring from it, for without such preparation, the superstructure, however beautiful in aspect, would be of transient duration.

Having arranged the hours for meeting and adjourning, so as to place it in the power of the Association to adopt or reject, without inconvenience, the proposition of Dr. Davis, the committee respectfully ask to be excused from submitting a distinct proposition on the subject.

By order of the Committee of Arrangements,

Z. PITCHER, Chairman.

The report was accepted.

The President announced the death of one of the ex-presidents of the Association, Dr. John C. Warren, of Boston, Massachusetts.

Dr. Childs, of Mass., felt compelled to say a few words in this connection. He had been associated with the deceased for more than half a century, and should feel that he had been derelict of duty if he neglected to speak in his laudation. Dr. Warren was the nephew of Joseph Warren, who fell gloriously at the battle of Bunker Hill. He was at the head of his profession in Massachusetts—had been President of the State Medical Society, and occupant of other elevated medical positions. His professional reputation was high, and his personal reputation spotless. His fame was not confined to Massachusetts. Though devoted to medical science, he was not limited to that alone, but paid attention to every branch of literature and art. If young members of



the profession would be useful and eminent, they should follow the example of Dr. J. C. Warren. To the older, the speaker would point out Dr. W.'s moral character as an exemplar. Such a life as his inevitably terminates in a death beautified by a surety of eternal happiness.

Dr. Gross, of Kentucky, made some remarks eulogistic of the deceased. He alluded to his high reputation—a reputation, he observed, not confined to America, but extending to every corner of the civilized world. Dr. Warren was the Nestor of American surgery. Dr. G. concluded by offering the following :

*Resolved*, That a committee of five be appointed to draft resolutions expressive of the feelings of this Association at the loss of their late associate, Dr. John C. Warren.

The resolution was adopted, and the President appointed as such committee, Dr. Gross, of Kentucky, Dr. Childs of Massachusetts, Dr. Wood of New York, Dr. Pitcher of Michigan, and Dr. Geddings of South Carolina.

On motion, the Association adjourned to 2 P. M.

*May 6th—Afternoon Session.*

The Association was called to order at 2 o'clock P. M.

The Secretary read letters from the State Medical Society of Tennessee, and from the University of Nashville, inviting the Association to hold its next annual session at Nashville, Tennessee. Also one tendering the use of the Hall of Representatives of that State for the purposes of said session.

On motion of Dr. Brodie, of Michigan, referred to Committee on Nominations.

The Committee on Nominations submitted the following report.

The Committee on Nominations unanimously nominate the following officers of the American Medical Association for the ensuing year:

*President*--Dr. Zina Pitcher, of Detroit.

*Vice Presidents*--Drs. Thomas W. Blatchford, of New York; Wm. K. Bowling, of Tennessee; E. Geddings, of South Carolina; W. H. Brisbane, of Wisconsin.

*Secretaries*--Drs. Wm. Brodie, of Michigan; R. C. Foster of Tennessee.

*Treasurer*--Dr. Caspar Wister, of Pennsylvania.

The report was accepted, and the nominations unanimously confirmed.

On motion of Dr. Atlee, of Pennsylvania, the President delivered his annual address.

ADDRESS.

Custom demands, as one of the expiring duties of your presiding officer, that he should leave a legacy at least of good wishes, if not of something more valuable behind him. In compliance with this duty, I propose to say a few parting words, which, whatever else they may convey to you, will assuredly not interpret duly the sentiments of him who utters them, unless they make you sensible of his grateful and

most kindly feelings towards his fellow members, and of his zealous interest in the great objects of our Association.

The present is a suitable occasion for taking a survey of the Association; for looking around towards the boundaries of its labors, interests, and duties, and noting whether something may not present itself in the view, which may profitably occupy, for a few minutes, our serious and earnest attention. Let us first throw a comparative glance from the present backward to the past. Perhaps by so doing we may be better prepared to look forward intelligently into the future.

Have the hopes with which the Association set out in its mission of self imposed duty, been fulfilled? Has the loud call which it sent forth through the nation, startling the profession from its uneasy slumber, succeeded in awakening it thoroughly to a sense of its high responsibilities, and arousing a determined spirit of progress? Or has it died away in gradually diminishing echoes, leaving but a drowsy memory of that spirit-stirring appeal? Have the annual gatherings of the elect of the profession, their joint deliberations in council, their various legislation, the practical inquiry set on foot or encouraged, not omitting their exploits at the festal board, and kindly interchange of thought and sentiment in social assemblage; have all these been without fruit? Have they been the mere course of a phantom ship through the ocean of human events, leaving no track in its passage, and bearing no freight onward to its destination?

Were we to listen to the clamours of opposition, the whisperings of discontent, or the murmured disappointment of an over-excited expectation, we might be disposed to give to these questions an unfavorable answer; to cease our struggles for an unattainable good; and with the wings of the spirit folded, and its head drooping, to submit in sadness to an inexorable destiny, chaining us in submission to all present evils, and jealous even of a glance towards the higher and the better.

But happily, such is not the voice of a clear and unbiassed judgment. It is true that the Association has not accomplished the whole of what it aimed at. Like all other young things, conscious of a stirring life within, and feeling no limits to its yet untried powers, it hoped and strove beyond the possible; it struck in its soaring flight against the iron will of circumstance, and for a time, at least, fell back, stunned though not crushed, into humbler aims. Yet, even as regards medical education, which is the main point of failure, its efforts have not been all thrown away. Some advance, however small, has, I think, been already made; and bread, moreover, has been cast upon the waters, to be found after many days.



But outside of this vexed subject, much, very much has been accomplished. I will not appeal to the ponderous volumes of our Transactions. They speak for themselves. To say that there is no chaff among their solid contents, would be to say what is neither now nor ever has been true of any large book, with one solitary exception. But I believe that all present will join me in the opinion, that one who searches these records, with a sincere and candid spirit, will find in them much that is good; much that may warrant the self-congratulation of the Association for having originated, or called it forth.

But, whatever credit may be given to these living witnesses of our labors, one fact is evident, that the medical mind has been aroused; that the spirit of improvement has breathed upon the masses of the profession, and everywhere scattered germs, which are now developing, and will probably hereafter continue to develop, even in a still higher ratio, into earnest efforts for self-culture, and general advancement.

Stagnation, in the moral as in the physical world, generates corruption. Agitation, though often in its extremes a cause of evil, and sometimes of unspeakable present wretchedness, generally purifies in the end, and, if restrained within due limits, is a source of unmixed good. The medical mind, anterior to the birth of this Association, was in a state of comparative inertia. In all the departments of the profession, the educational as well as the practical, material interests began to predominate. There was danger that the profession might sink to the level of a mere business. Noble aims; high aspirations; the general good; the spirit of self-sacrifice; these began to be looked on as wordy inflations. The great struggle seemed to be, in the teaching department to gather pupils; in the practical, to gather patients; in both, to swell the pockets. Stagnation of the professional spirit was breeding noxious influence in its motionless depths. No wonder that quackery loomed upward, as regular medicine began to sink. There was danger that the public might be able to see little difference between them; and the fact is, that the line of demarcation was not very distinct, even to the professional eye. They ran into each other, at their extremes, by quite insensible shades.

But the Association arose, and a new spirit was awakened. Many had been watching this apparent abasement of the profession with sorrow; but they were powerless in their isolation. No sooner had the flag of the Association been given to the breeze, than they hastened to join its standard. From all quarters, and from the remotest bounds of the country, volunteers poured in to join this great crusade against the evils which had been usurping the sacred places of the profession. The

mass of medical society was moved to its very depths. ~~Hundreds upon~~ hundreds came forth from their sheltering privacy, and threw their souls into the grand movement which was to reconquer, to purify, and regenerate the prostrated glory of their calling. The feeble voice of opposition was heard for a moment; but was soon drowned in the overwhelming shouts of the masses, crying out, Onward! Onward! Even the advocates of the material principle, who could not raise their souls above the level of dollars and cents, found it expedient to chime in for a time with the almost universal voice; and to the enthusiastic it seemed as though a professional millenium was approaching. I need not follow the march of the crusade. I need not recal the varied experience which has but confirmed that of all other revolutionary uprisings, that, ~~except~~ under the influence of a power higher than human, which can regenerate the hearts of men, whatever temporary change may be made in the surface of things, in mere form and arrangement, it is only by the slow working of time that radical and lasting reforms can be effected. Who ever beheld a great nation made by a written constitution? We have had paper republics as thick as the leaves in Vallombrosa; but where, and what are they now? To make a great and free nation, the people must have the principles of greatness and freedom implanted in their hearts. So is it with lesser Associations. It is vain to alter forms, unless the substance is altered too. The Association has discovered this truth. It no longer seeks to work miracles, but is content with following the methods of nature and providence. It has done a great thing in beginning the movement. It is doing what it can to further that movement, and to consolidate its results.

Who is there that has lived and observed through the last ten or fifteen years, who cannot see that our profession has been moving onward and upward since its great awakening; perhaps slowly, perhaps now and then halting, but on the whole advancing, and with an irresistible force, because it is that of the mass. It is not now a few leaders who are kindling by their own enthusiasm a feeble and temporary blaze of excitement in the multitude; dragging them forward as with cords by their own strong zeal and fiery spirit; it is the inborn soul which is animating the great body, and carrying it forward in its legitimate course.

Had the Association done nothing else, I will not say than originating, but even than aiding and concentrating this rising up of the profession, it would have performed a service entitling it to everlasting gratitude, and to an imperishable name in the medical annals of our country.

A great benefit conferred on the profession by the Association, was



the preparation and adoption of a code of medical ethics. I need not say to *you*, that this code is merely an expression of the great principles of truth, justice and honor, in their application to the relations of physicians to one another, their patients, and the public. It is the voice of wisdom and experience speaking from the past, and meets a ready response in the breast of every man possessed of a good heart, a sound judgment, and correct moral principle. Should any one find a repugnance to the observance of its rules rising up within him, let him for a moment reflect, whether this may not spring from some evil source in himself; whether it may not be the result rather of an unwillingness to make what he may deem a sacrifice at their suggestion, than of a real conviction of their injustice or impropriety. Which is more likely to be true; the unbiassed and unselfish judgment of the wisest and most experienced in the profession, or an individual decision which may at least be suspected of a selfish basis, and of which no man, if his interests or feelings are in any degree involved, can say that it is quite pure; for no man can judge impartially in his own case. A becoming modesty would lead him to suspect that the fault might be in himself, and a becoming spirit to search into the depths of his own heart for the root of the evil, and to pluck it out if discovered. I have no doubt that a full observance of these rules would tend more than any one thing else, to maintain harmony in the profession, and to elevate it in the public esteem. It would render impossible those unseemly disputes, founded on petty jealousies, and supposed opposition of interests, which, probably beyond any other single cause, expose the profession to obloquy and ridicule. A copy of the Code should be placed in the hands of every young man about to enter upon the practice of medicine, with the urgent advice that he should make it the guide of his professional life; that he should not only regulate his conduct in conformity with its precepts, but should educate his heart into a real preference for them. Would it not be an object worthy of the attention of the Association to provide for such a distribution; at least, by the publication of a large edition of the Code, to put it in the power of individuals or societies, who might be disposed to engage in this work of beneficence, to do so with as little cost to themselves as possible? I do honestly believe that, to a young physician going forth into a life full of moral conflicts, the wearing of this ægis would be one of his surest defences; that, next to the holy scriptures, and the grace of God, it would serve most effectually to guard him from evil.

Not one of the least advantages of the Association is that, representing as it may be said to do, the medical profession of the country,

its voice, when nearly or quite unanimous, will be considered as that of the whole medical body, and thus have weight both in the community at large, and in the legislative councils of the nation. It is only thus that the profession can make their special opinions and wishes known and felt. I have been told that the representations of the Association had much weight in determining a satisfactory arrangement of the question respecting the relative rank of the Surgeons in the navy. It is to be presumed that the patriotic physician who brought before Congress the memorable measure for establishing a general inspection of imported drugs, was materially aided in carrying it through by the approving voice of the profession, speaking in the memorial from this body. On another occasion, you were heard, through your resolutions, pleading in the Halls of Congress in favour of a great measure of honesty and justice, when you petitioned for an international copyright law between the United States and Great Britain; and, should such a law ever be passed, it will not be claiming too much for the Association to say that it will have contributed to that result. Your resolutions, from time to time, in advocacy of a system of registration of births, deaths, &c., have probably also added something to the mass of influence which has brought legislation to bear on this most important subject, though, it must be acknowledged, hitherto but very partially, and, with some honorable exceptions, ineffectually.

There is one other view of the beneficial influence of our great gatherings which I cannot pass unnoticed.

The effect of isolation is well known in breeding excessive self-respect, distrust of others, and narrow, selfish, and sectional views and feelings. Man is naturally gregarious; and it is only in association that his nature can receive its full development; that the seeds of the better qualities within him can be made to germinate, and the qualities themselves to grow up, under culture, into their just magnitude and proportions.

Our Association brings together many who would otherwise never meet, from sections remote from each other, and differing much in views, habits, and feelings. We come, partly at least, for relaxation from the cares and toils of business, prepared and desirous to be pleased. Each one naturally, and without design, turns out the fairest side of his character, "his silver lining to the sun;" and all consequently make and receive favourable and kindly impressions. Each place selected for our meetings feels its character for hospitality involved in the reception of its guests, and every effort is made to extend all proper courtesies and kindnesses to the assembled representatives of the profession. In parting, therefore, we carry with us friendly remembrances of one another, and



of the place of assemblage, to our several far separated homes. These remembrances serve as so many cords not only to bind the members of the profession together in one harmonious whole, but also, intertwined with other similar agencies, to counteract the centrifugal tendencies of our political system, and to keep it moving onward, each part in its due place, in that majestic course which, while shedding beneficent influences throughout its own great circle, attracts the admiring and hopeful gaze of humanity everywhere.

Having thus hastily scanned the present and past of the Association, let us turn our thoughts briefly towards the future. A few words will convey all that I have to address to your attention.

It seems to me that experience should have taught us this one lesson ; not to aim at once at sweeping changes ; but, having determined what great objects are desirable, to keep these always in view, and, by the persevering use of such influences as may be at our command, securing one point in advance before hastening to another, to move on slowly but steadily to our ends. These must ever be the improvement of the profession itself, the advancement of medical science, and the promotion of the public good, so far as that may, in any degree, be connected with our special pursuit. Each of these three points requires a brief notice.

In the improvement of the profession, the Association has from its foundation recognized, as an essential element of success, a higher degree of qualification in those who are to become its members. But for the attainment of this object they can use no coercive measures. The only power they can exercise is that of opinion. Our only appeal is to the judgment and conscience of those concerned. But much may in time be done in this way. It is impossible that intelligent and honorable individuals, possessed of that share of conscientiousness which belongs to most men, and is certainly not deficient in our profession, should long resist such appeals, proceeding from a source so worthy of respect as this. Let us reiterate, from time to time, our convictions of the necessity for improved preparatory education, for a longer devotion to the proper studies of the profession, for a junction of clinical with didactic instruction, and finally for something more than a mere nominal examination before admission to the honour of the doctorate, or the privileges of a license to practice ; points which have ever been insisted on by the Association ; let us, I say, reiterate these convictions ; and like slowly dropping water, they will at length, however gradually, wear their way through the hardest incrustation of prejudice, interest, indolence, or indifference, and reach the conscience with irresistible effect.

While bringing to bear upon this resistance, the considerations of reason, duty, honour, and even an enlightened self-interest, we must carefully avoid all violence of procedure, as likely only to add the hostility of passion to other opposing influences. By this course universal opinion will be gradually conciliated; and interest itself will find its own ends best promoted by compliance with the general will. Already some advance has been gained in this direction; and the Association, by perseverance may yet see all its reasonable wishes accomplished.

In relation to other measures for elevating the character and increasing the efficiency of the profession, there appears to me nothing more at present for the Association to do, than to go on as it has begun. Its continued existence alone is a great good; for it is annually bringing large numbers, simply through membership in its body, to participate in its feelings, and to acknowledge its obligations. Let us then maintain unshrinkingly the standard of professional honour and morals that we have erected, and decline association with those who will not recognize that standard, or having recognized, abandon it. Let us adhere unswervingly to the line which has been drawn between regular and irregular medicine, and treat the practitioners of the latter with the silent disregard they merit. This is the only course for the regular practitioner. To wage a war of words with quackery, is to do what it most delights in. It would be to contend, under the government of honour and principle, with antagonists who acknowledge no such restraints. In our private intercourse with friends and patients, we may explain the grounds of difference between ourselves and the irregulars, may demonstrate the absurdity of their pretensions, the danger of their practice, and the iniquity of their conduct; in short, may endeavour to enlighten wherever light is acceptable, or can penetrate. We may even, if the public interest seem to require it, put forth refutations of false doctrine and assertion, and exposure of subterfuge, trickery, and imposture; but with the irregulars themselves we should enter into no relation, whether of friendship or hostility. I do not say that there may not be honourable and honest, though ignorant or bewildered men among them. But we cannot discriminate. With the presumed advantages of their association, they must be content to take also the disgrace.

There is a point to which I would call the attention of the members of the Association individually. We have been called *Allopathists*, in contradistinction to a sect of irregular practitioners who have taken to themselves the title of *Homœopathists*; the latter term signifying that its professors treat disease by influences similar in their effects to the



disease itself; the former that *other*, and of course dissimilar influences are used. It must be remembered, that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his followers. The intention was obvious. It was to place the regular profession, and their own scheme, upon a similar basis. They practised on one principle, we on a different and somewhat opposite principle. They graciously allowed that our principle was not altogether ineffective; that we did sometimes cure our patients; but theirs was sounder in theory and more successful in practice. Now, by recognizing the name, we necessarily recognize the principle also, and thus put ourselves in a false position. In deciding between them and us, the ignorant masses think they are deciding between two systems, neither of which they understand, but of which they must judge, upon the grounds of relative success. Diseases often get well of themselves, if left alone. The genuine homœopathist leaves them alone, and they often consequently terminate in recovery. This success is magnified by methods well understood; and multitudes are thus led astray; especially among the delicate and refined, who abominate the taste of medicine themselves, and are equally averse to the task of forcing it down the reluctant throats of their children. But we are *not* allopathists. The regular practice of medicine is based on no such dogma, and no exclusive dogma whatever. We profess to be intelligent men, who seek knowledge, in reference to the cure of disease, wherever we can find it, and, in our search, are bound by no other limits than those of truth and honour. We should not hesitate to receive it from the homœopathists, had they any to offer. We would pick it up from the filthiest common-sewer of quackery; for, like the diamond, it has this excellent quality, that no surrounding filth defiles it, and it comes out pure and sparkling, even from the kennel. This is the light in which the medical profession should present itself to the community. We are men who have sought in every possible way to qualify ourselves for the care of their health. We present them, in our diplomas, the evidence that we have gained sufficient knowledge to be trusted with this great charge; and we stand pledged before them to extend our knowledge and increase our skill, as far as may lie in our power. Membership in our honourable profession is the proof we offer, that we are no false pretenders, no interested deceivers; but upright men, intent on the performance of our professional duties. This the people can understand. But when we designate ourselves as *allopathists*, they may well ask, in what, are you better than any other medical sect, than the *homœopathists*, the *hydropathists*, the *Thomsonians*, the *eclectics*? Let us discard, therefore, the false epithet. Let us not only never em-

ploy it ourselves, but show that, when ~~applied to us~~ by others, it is inappropriate and offensive, and that the use of it in future would be contrary to gentlemanly courtesy, and the proprieties of cultivated society. I say again, we are not *allopathists*; we are simply *regular practitioners of medicine*, claiming to be honest and honourable—in other words to be gentlemen.

The efficiency of our profession is to be increased not only by increasing its qualifications, but also by all upright measures calculated to win the public confidence, and thus widen the field of our operations. In this respect, I do not know that the Association can do better than to persevere as it has begun; and, by the propriety and dignity with which it conducts its own proceedings, to show to the world the high influences under which the profession acts, and demonstrate that it possesses those qualities of self-government, so useful to the medical practitioner, and so characteristic of the gentleman in all his relations.

The improvement of the *science* of medicine, has always been a favorite object of the Association. The appointment of committees to investigate and report on certain stated subjects, the reception of voluntary communications, the offering of prizes to competing contributors, and the publication of our Transactions annually, are the means employed for this purpose, and I have nothing better to suggest.

The remaining point for consideration, is the promotion of the public good. Happily, such is the nature of our profession, that the more we improve ourselves, the better do we fulfil this great duty. But there is something else to be done. There are certain great interests of the community, relating to their health, of which medical men are the only good judges, and the various influences affecting which, they only can duly appreciate. Upon these points it is our duty to be ever on the watch, and not only like faithful sentinels, to give notice of danger, but, like heaven-appointed agents, as we are, to use our best efforts and influence to prevent or remove it, and, in every practicable way, to guard the public health.

To the establishment of a general system of registration throughout the country, our attention has already been given. We should not relax our efforts, until the great end has been accomplished.

There is another subject deserving of our most serious consideration. You are all aware what advances have recently been made by the small pox in many parts of our country. Thousands are perishing annually, for whose deaths we are, as a profession, in some degree accountable. There is no occasion for this mortality. Vaccination and revaccination, duly performed, and under proper circumstances, are, I will not say an



absolutely certain, but a very nearly certain safeguard. I have never known of death from small pox, after an efficient revaccination; and only one instance of the occurrence of varioloid. But the profession and the community have both been too careless upon this point. Food for the pestilence has been allowed to accumulate; and it has been rioting with fearful results in many parts of our country. The profession should rouse itself from this apathy, and warn the community everywhere of the danger, while offering them the means of security. We may be accused of self-interest in urging this measure of precaution; as our own instrumentality may be necessary, and must be compensated where the means exist. But a moment's reflection must convince the most stupid, that it would be much more to our pecuniary interest to attend a protracted case of small pox, than to perform a trifling operation, which is to prevent it. There are, however, many occasions, in which it is necessary to do our duty at the risk of obloquy; and this is one.

But perhaps I have been somewhat unjust to the profession. The people have in many places, and probably, in some degree, in almost all, chosen other guardians of their health, and rejected our offered aid. It has happened to me to become acquainted with one neighborhood, in which small pox has recently prevailed; but not a single case occurred within the circuit of the regular physician's practice. Those families only suffered who had entrusted the care of their health to an empiric, who, for aught I know, may have been ignorant alike of small pox and of vaccination. It is highly probable that many of those who now hear me could give a similar account of their own neighborhoods. The public should take this subject into their hands. Provision should be made, with legislative sanction, for universal vaccination. If the evil were confined exclusively to the negligent individual, the public might possibly have no right to interfere. But whole communities suffer, and government may and ought to step in for their protection. A man is prohibited by law from setting fire to his own house, because a neighbor's may suffer. Which is the greater evil, that our house should burn, or our families perish with small pox? It might be impossible in this country to establish a system of compulsory vaccination; but legislation might go far towards attaining the same end without this obnoxious feature. Time, however, does not permit me to follow this interesting subject in all its ramifications. I must content myself with having introduced it to your notice. If the profession can do nothing more, they can at least raise a warning voice everywhere; and this will be doing much.

I must close with begging you to excuse the length into which I have been drawn in the discussion of the important points that have engaged our attention. I intended to be very brief; but few men, when they have taken their pen in hand, can say to the flowing tide of their thoughts, "thus far shalt thou go, and no further." Allow me, in a few parting words, to thank you warmly for your attention, and to express the hope that our labors, during the present session, may tend to confirm the good that has been done, and to carry us still further onward in the great road of progress; so that, hereafter, the meeting at Detroit may be remembered as one, at which we may all be gratified and proud to have assisted.

At the conclusion of the address, on motion of Dr. Atlee, of Pa.,

*Resolved*, That the thanks of the Association be presented to our late President for the able and interesting parting address he has just delivered, and that he be requested to present the Committee of Publication a copy, for preservation in our Transactions.

On motion of Dr. Atlee, of Pa.,

*Resolved*, That a committee of three be appointed to inform the President and Vice Presidents elect of their election, and conduct them to their seats.

The President appointed, as such committee, Drs. Atlee, of Pa., Reeves, of Ohio, and Sutton, of Ky.

Upon taking the chair, Dr. Pitcher said:

Although fully aware of my indebtedness, for this distinction, to your observance of a custom equivalent in force to positive law, of selecting your presiding officer, in each successive year, from the State in which the meeting of the Association is held, I feel myself more honored by your partiality, than if I had received the same mark of respect from any other body of men known to the annals of our country.

This sentiment of regard for the body towards which I now hold, by this act of yours, so delicate and interesting a relation, has been inspired by a contemplation of the ideal of the physician, and strengthened by my growing acquaintance with the individuals which compose it.

Being unaccustomed to presiding in deliberative assemblies, I shall throw myself upon the indulgence of the Association, and rely upon the kindness and intelligent co-operation of the individual members for assistance, in performing the duties of the chair.

Whilst thanking you most cordially for this expression of confidence, I can only assure you that such abilities as I possess shall be devoted to the prosperity of the Association and the harmony of its proceedings.

On motion of Dr. Gunn, of Mich.,

*Resolved*, That the resolution passed at St. Louis, requiring a majority of the Committee on Publication to be appointed from residents of the place where the meeting is held, be repealed.

Dr. Phelps, of N. Y., offered the following:



*Whereas*, The pleasure and satisfaction of attending the deliberations of this Association would be greatly enhanced, the duties of the secretaries and reporters facilitated, and order at the same time secured, by the observance of two things, to wit: first, that the audience be put in possession of the name and residence of the speaker; and, secondly, that they be enabled distinctly to hear what he has to say; therefore,

*Resolved*, That no one be permitted to address the Association, except he shall have first given his name and residence, which shall be distinctly announced from the chair, and the member be required to go forward and speak from the stand, and not more than ten minutes at one time.

A motion to lay on the table was lost. The resolution was then adopted.

At the request of Dr. Gross, of Ky., his report upon "The Causes that Retard American Medical Literature," was made the special order for Wednesday at 10 o'clock.

Dr. Palmer, of Ill., from the Committee on Prize Essays and Volunteer Communications, submitted the following:

"The Committee on Prize Essays and Volunteer Communications" report, that some months since they issued a card, which was extensively published in the medical journals, setting forth the terms upon which essays intended for prizes would be received; but that the number of papers presented has been but four.

By referring to the past records of the Association, it is found that the numbers received by preceding committees have been, in 1852, sixteen; in 1853, fifteen; in 1854, nine; in 1855, six; and in 1856, four. Your committee beg leave to call attention to this almost regular and quite rapid decrease in the number of essays presented, for the purpose of having the Association consider whether there be not danger that the number which may hereafter be furnished will be so small as to afford insufficient range of comparison and choice to cause the preference shown to be much valued, if, indeed, presentations do not cease altogether, and whether any means should be devised for preventing such a result.

The essays received by your committee have been subjected to a careful examination; and while admitting that they all possess a degree of merit which would render them suggestive and useful, if given to the profession, still, in their opinion, but one manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, to furnish sufficient claim for awarding a prize by this body.

But one prize is therefore awarded. The essay selected for this honor bears the title—"An Essay on the Arterial Circulation."

It is regarded by the committee as possessing the merits just alluded to, and while not wishing to give an unqualified endorsement of all the views which it contains, they regard it as possessing not only interest in its physiological and scientific relations, but also real value in its pathological and practical bearings.

The production has considerable length, and by the fulness with which the views advanced are discussed, it partakes as much of the nature of a treatise as an essay. It has, at least, one quality which Lord Bacon considered necessary to a treatise, as distinguished from an essay,—it required a degree of leisure on the part of the writer, and will require the same on the part of the reader, for him fully to appreciate its value.

The essay bears the motto—" *Una est Veritas.*"

(Signed)

A. B. PALMER, Ch'n.  
SAMUEL DENTON,  
SILAS H. DOUGLASS,  
AB'M SAGER,  
E. ANDREWS.

On breaking the seal of the accompanying packet, Dr. Henry Harts-horne, of Philadelphia, Pa., was found to be the successful essayist.

The report was accepted.

Dr. Blatchford, of N. Y., from the Committee on "Hydrophobia, and the Connection of the Season of the Year with its Prevalence," read a report thereon. The committee, in conclusion, submitted the following resolution, which was adopted:

*Resolved*, That the Secretary transmit to the Governor of each State a copy of the statistical part of this report, with the respectful request that he would bring the subject before the Legislature of the State over which he presides, that in their wisdom they may devise and unite upon a plan by which the evil may be mitigated, if not removed.

The Committee on Nominations reported in favor of holding the next annual meeting of the Association at Nashville, Tenn.

Dr. Gross, of Ky., moved to strike out "Nashville, Tenn." and insert "Louisville, Ky." He thought Nashville at present difficult of access.

Dr. Geddings, of S. C., and Lindsley, of Tenn., advocated the adoption of the report.

Dr. Gross withdrew his amendment and the report was adopted.

Dr. Wister, of Pa., from the Committee on Publication, made the annual report. It states that the first copies of the Transactions of the last session of the Association were issued on the 10th of November, 1855; that 1,100 copies were printed; that the aggregate expense of printing, illustrating, and binding was \$1,922 70; that the distribution of the volume was effected, in every possible instance, by express; that Drs. C. Hooker of Ct., Alden March of Albany, J. L. Atlee of Pa., W. Brodie of Mich., C. B. Gibson of Richmond, E. L. Beadle of N. Y., H. W. Dessaussure of S. C., C. A. Pope of Mo., D. H. Storer of Mass., T. G. Richardson of Ky., J. Moran of R. I., T. Miller of D. C., F. E. B. Hintze of Md., L. P. Bush of Del., Z. Pitcher of Mich., and J. B. Lindsley of Tenn., have rendered essential service to the Association—some in procuring subscriptions to the volume, and all by cordial co-operation in its distribution; that it is important to secure efficient co-operation in every State by the appointment of gentlemen whose duty it shall be to aid in procuring subscriptions for and circu-



lating the transactions; that Connecticut is especially to be commended for her services in this particular; that not a little embarrassment was experienced by the committee in restoring to the list of permanent members the names of those who had been left off by order of the Association for non-payment of assessments; that they had endeavored, however, by careful comparison of the various lists, to supply all omissions; that the committee had been reluctantly obliged to omit from the transactions two valuable reports on epidemic diseases—by Dr. L. H. Anderson, of Ala., and Dr. E. D. Fenner, of New Orleans,—but, as they had not been presented to the Association, and acted on by that body, there was no other alternative; and the following resolution, passed at the last session, should be strictly enforced:

*Resolved*, That, hereafter, beginning with the session of 1856, no report, or other paper, shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the Committee of Publication on or before June 1st.

The report further states that the number of volumes of Transactions now remaining on hand is as follows: of Vol. I. 41, of Vol. II. 9, of Vol. III. 32, of Vol. IV. 7, of Vol. V. 316, of Vol. VI. 66, of Vol. VII. 120, of Vol. VIII. 351; that some of the leading journals abroad have expressed a strong desire to complete their sets, and it rests with the Association to determine whether the missing numbers shall be supplied; that, as only seven complete sets of the Transactions are now in the possession of the Association, the committee recommend that no copy of either of the eight volumes which is necessary to the complete sets now remaining shall be disposed of separately or with any number of volumes short of a complete set.

Dr. Atlee, of Pa., made some remarks upon the report, in the course of which he stated that the Smithsonian Institution had been offered as a permanent place of session for the Association. He concluded by moving that the Committee on Publication preserve five complete sets of the proceedings. Carried.

Dr. Wood, of Philadelphia, moved to refer the nomination of standing committees to the Committee on Nominations. Carried.

The same gentleman made a request, in behalf of Dr. Hamilton, that the committee of which Dr. H. is chairman may be continued for another year, it not being prepared to report at present. Granted.

Dr. Breckenridge, of Ky., stated that the Committee on Medical Literature was ready to report.

The President suggested that the reading of the report follow that of the report of Dr. Gross, which had been made the special order for Wednesday, as 10 A. M.

Dr. Palmer, of Chicago, stated that the Committee on Plan of Organization for State and County Medical Societies was ready to report.

Dr. Pomeroy, of N. Y., moved to reconsider the resolution requiring a member, when speaking, to stand upon the platform, and not to occupy more than ten minutes in his remarks. Lost.

Dr. Smith, of N. J., moved that that portion of the resolution requiring members, when speaking, to take the stand, be rescinded. Carried.

Dr. Atlee, of Pa., moved to refer the prize essay of Dr. Hartshorne on Arterial Circulation, and the report of Dr. Blatchford on Hydrophobia, to the Committee on Publication. Carried.

Dr. Wister, of Pa., the Treasurer, read his annual report. It recommends that the Treasurer be requested, at an early date after the adjournment of the present meeting, to address a circular to each permanent member, announcing the abrogation of the resolution of 1854—making a yearly subscription to the Transactions obligatory—and the consequent restoration to membership of all those dropped from the published list of that year,—advertising, also, the practicability of procuring back numbers of the Transactions, with information as to the cost at which the series of volumes may be rendered complete, or an entire set furnished by the Association.

The account of the Treasurer with the Association is as follows :

## DR.

To cash paid Dr. John L. Atlee, of Committee on Washington Monument Stone, - - - - -	\$498 70
To cash paid C. B. Norton, for portorage and packing Vol. III., in New York, - - - - -	8 00
To cash paid J. D. Trask, for Prize Essay, - - - - -	100 00
To cash paid for postage of Secretary, - - - - -	2 50
To cash paid D. C. Baxter, for engravings of Vol. VIII, - - - - -	72 75
To cash paid for postage of Chairman of Publication Committee, - - - - -	4 09
To cash paid Thos. Sinclair & Co., for lithographs for Vol. VIII, - - - - -	101 20
To cash paid T. R. & P. G. Collins for printing and binding 1,100 copies of Vol. VIII, - - - - -	1,748 75
To cash paid T. R. & P. G. Collins for binding 25 copies Vol. VIII., and printing notices, - - - - -	4 52
To cash paid H. Barnes for distribution of Vol. VIII., and services as clerk, - - - - -	50 00
To cash paid T. R. & P. G. Collinis for printing notices, - - - - -	1 25
To cash paid Blanchard & Lea for freight, portorage, boxes, &c., for Vol. VIII, - - - - -	34 99
To cash paid for postage, envelopes, and stationery of Treasurer, - - - - -	6 99
To balance, - - - - -	950 52
	<hr/>
	\$3,584 26

## CR.

By cash received from Dr. Isaac Wood, being the balance in the Treasury April 30th, 1855, - - - - -	\$1,015 26
By cash received from Dr. Isaac Wood, being the balance in the Treasury of prize essay fund, April 30th, 1855, - - - - -	100 00
By cash received from assessment and the sale of Transactions, - - - - -	2,150 50
By cash received from Dr. E. L. Beadle for the sale of Transactions, - - - - -	12 00
By cash received from Dr. Wm. Brodie for do. - - - - -	12 00
By cash received from Dr. A. March for do. - - - - -	24 00
By cash received from Messrs. Blanchard & Lea for do. - - - - -	102 50
By cast received from Dr. Chas. Hooker for do. - - - - -	168 00
	<hr/>
	\$3,584 26

The correctness of this account is certified to by the proper committee.



The report was accepted, and referred to the Committee on Publication.

Dr. McNulty, of the New York Academy of Medicine offered a resolution, that a committee of one from each State be appointed by the Committee on Nominations, to prepare, and report to the Association during the present session, an address to the people of the United States, setting forth the strong claims the medical profession have on their respect, gratitude and confidence.

Dr. McNulty explained the purpose for which he offered the resolution. Many people, he said, had a prejudice against the medical profession for holding to the dignities of their calling, and entertained the idea that the science of medicine was a collection of absurdities and superstitions. He wanted to show clearly that this is not the fact, and, in this view, he thought the address proposed would have a beneficial affect.

Dr. Kittredge moved to amend the resolution by making it read that every member of the Association should take the stump and defend the cause.

After a few other remarks the resolution was withdrawn.

A gentleman, whose name we did not learn, stated that Dr. Wood, of New York, who was then in the meeting, had lately performed an operation in an extraordinary case,—removing a jaw-bone,—and moved that a time be appointed for the Association to examine the part extirpated.

Dr. Wood said he had not with him the article spoken of by the preceding speaker, but would lay it on the desk of the President this morning.

The President read a communication from Dr. Stillé, chairman of of the committee appointed last year to consider the subject of extending the lectures of each chair in medical schools over a period of two years, stating that the views of medical institutions had as yet been imperfectly ascertained, and asking a continuance of the committee. Granted.

Dr. Watson, of N. Y., moved that the Committee on Epidemics meet immediately after the adjournment. Agreed to.

The President read an invitation to the Association to attend the session of the American Association for the Advancement of Science, at Albany, in August next,—at which time, also, the Dudley Observatory will be inaugurated, and an address delivered by Hon. Edward Everett. The invitation was accepted.

The Association then adjourned to meet on Wednesday morning at 9 o'clock.

*May 7th—Morning Session.*

The Association was called to order by the President, at nine o'clock.

The minutes of the previous session were read, corrected and approved.

The names of the delegates who had registered themselves since the last report were read.

The Secretary read communications from the following gentlemen asking an extension of time in which to report upon the subjects named:

Dr. A. J. Semmes, of N. Y.,—"Coroners' Inquests."

Dr. J. Taylor Bradford, of Ky.,—"Treatment of Cholera."

Dr. J. M. Reese, of N. Y.,—"Infant Mortality."

Dr. E. R. Peaslee, of Me.,—"Inflammation, &c."

Dr. J. W. Corson, of N. York,—"The Causes of the impulse of the Heart, and the Agencies which Influence it in Health and Disease."

Dr. Mark Stephenson, of N. Y.,—"The Treatment Best Adapted to Each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c."

Dr. Beech, of Mich.,—"Medical Topography, and Epidemics."

Dr. J. C. Hutchinson, of N. Y.,—"The Anatomy and Histology of the Cervix Uteri."

Referred to Committee on Nominations.

The Secretary announced that he had received the following resolution adopted at the last meeting of the New York State Medical Society:

*Resolved*, That the members of the American Medical Association be invited to attend the semi-centennial celebration of this society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read the following communication, dated April 7, 1856, from the Secretary of the Ohio State Medical Society:

SIR—At the annual meeting of this society, held in June last, at Zanesville, Ohio, the following resolutions were adopted, and I was directed to furnish you with a copy of the same:

*Resolved*, That the resolution offered by Dr. Grant, (a member of this society, but not at this or at that time a practitioner of medicine, but a lawyer,) at the last session of this society, viz: "That it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent-right for surgical or mechanical instruments," was offered at a time when many members had left for their homes, and is not, therefore, the sense of the society.

*Resolved*, That the said resolution is in direct opposition to the code of medical ethics adopted by this society; and, therefore, be it further

*Resolved*, That said resolution, offered by Dr. Grant, and adopted by the society, be and is hereby, rescinded.

The communication was ordered to be placed upon the minutes.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon Deformities after fracture and dislocations, and asking for a correction of the minutes of last session in regard thereto. Dr. H. also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On motion of Dr. Brodie, of Mich., the minutes were amended.

Dr. Atlee, of Pa., offered a resolution that the request of Dr. H., in regard to the publication of the report, be granted.

Dr. Lindsley, of Tenn., opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Ill., moved to refer the matter to a special committee. Carried.



The President appointed as such committee, Drs. Palmer, of Ill., Atlee, of Pa., and Hills, of Ohio.

Dr. Gunn, of Michigan, moved that those gentlemen from Canada, who are here by general invitation, be admitted in a body, and be requested to take seats on the platform during this morning's session. Carried.

Several gentlemen complied with the invitation :

Dr. Sutton, of Ky., offered a resolution that 1,000 copies of the address of the late President, Dr. Wood, be published. Adopted.

On motion of Dr. J. Lindsley, of Tenn.,

*Resolved*, That a committee of three be appointed by the Chair, to prepare a suitable minute in reference to the death of our late Secretary, Dr. P. C. Gooch, of Richmond, Va., who fell a martyr while contending with the pestilence in Norfolk, in 1855.

The President appointed as such committee, Drs. Lindsley, of Tenn., Thomson, of Del., and Mendenhall, of Ohio.

Dr. Gross, of Ky., from committee appointed the day previous, reported the following preamble and resolutions relative to the death of Dr. J. C. Warren, of Boston :

*Whereas*, It has pleased Almighty God to remove from the scene of his earthly labors our late fellow-member, Dr. John C. Warren, of Boston, formerly President of this Association, and for many years Professor of Anatomy and Surgery in Harvard University ;

*And whereas*, It is just and proper that, when a great and good man dies, his memory should be cherished by his fellow-citizens, and transmitted unimpaired to posterity for the encouragement of future ages ; therefore,

*Resolved*, That this Association has learned with profound regret the news of an event which has deprived the American medical profession of one of its oldest, most useful, and most illustrious members—American surgery one of its greatest ornaments—science one of its best friends—and humanity one of its noblest benefactors.

*Resolved*, That the life of Dr. John C. Warren affords an example of a man who, notwithstanding the possession of ample riches, devoted himself, heart and soul, for upwards of half a century, to the cultivation and advancement of his profession, and to the good of the human race.

*Resolved*, That this Association deeply sympathizes with the family of Dr. Warren in their bereavement, and that the Secretary be requested to transmit to them a copy of these proceedings.

The preamble and resolutions were adopted and referred to the Committee on Publication.

Dr. Gross, of Ky., read a report on "The Causes which Impede the Progress of American Medical Literature." In conclusion, he submitted the following resolutions :

*Resolved*, That this Association earnestly and respectfully recommends: 1st. The universal adoption, whenever practicable, by our schools, of American works, as text books for their pupils. 2d. The discontinuance of the practice of editing foreign writings. 3d. A more independent course of the medical periodical press towards foreign pro-

ductions, and a more liberal one towards American; and, 4th. A better and more efficient employment of the facts which are continually furnished by our public institutions, for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of an original, a vigorous, and an independent national medical literature.

*Resolved*, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

*Resolved*, That we shall always hail with pleasure any useful or valuable work emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which they may be the repositories.

Dr. Phelps, of New York, moved that the report and resolutions, as a whole, be adopted.

At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member proposed to substitute "just" for "liberal." Dr. Gross accepted the amendment.

Dr. Palmer, of Ill., wished to understand the meaning of the word "practicable," as employed in the resolutions. If it meant that an inferior work by an American author was to be used in our medical schools, in preference to a superior one, treating of the same subject, by a foreign author, he was decidedly opposed to the resolution. If, when the American work is equal or superior to the foreign one, it is to be used, then he had no objection. He alluded to works by eminent English and French authors.

Dr. Gross explained. One of the works alluded to by Dr. P. must of necessity be used in our medical institutions of learning, as there is no work by an American author on the same subject. Foreign works should be used as books of reference, and American books, "when practicable," as text books.

Dr. Yandell, of Ky., moved that the resolutions be made the special order for Thursday morning. Lost.

Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted and sent out to the world, they savor too much of know-nothingism to make them palatable. (Sensation.)

Dr. Leidy, of Pa., was in favor of leaving to teachers of medicine the selection of their own text books.

Dr. Davis understood there was another report touching upon the subject—that upon "American Medical Literature," by Dr. Breckenridge, of Ky. He moved to lay the resolutions upon the table until that report was read. Carried.

The Secretary read a communication from Dr. P. A. Jewett, of Conn., chairman of the Committee to Procure Memoirs of the Eminent and Worthy Dead. Referred to Committee on Nominations.

Dr. Breckenridge, of Ky., read a report upon American Medical Literature.



On motion of Dr. Hooker, it was accepted and referred to the Committee on Publication.

The Association then adjourned on Thursday morning at 9 o'clock.

*Thursday, May 8th—Morning Session.*

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected and approved.

A communication from Dr. Wroth, of Md., relative to a report upon the Medical Topography of the eastern shore of Maryland, and one from Dr. Thomson, of Ky., relative to a report on "Chloroform," were referred to the Committee on Nominations.

The Secretary read a letter from E. S. Lesmoines, of St. Louis, enclosing an autograph letter from M. Dubois.

The Secretary read a communication from J. C. Holmes, Esq., the Secretary of the Michigan State Agricultural Society, presenting to the Association twenty-five copies of the Transactions of the Society for 1853, and also the same number of Transactions for 1854.

Dr. Brodie, of Mich., moved that the thanks of the Association be returned therefor, and that one copy be presented to each State represented. Carried.

On motion, Dr. Maggugin, of Iowa, was appointed a member from that State of the Committee on Nominations.

On motion of Dr. Atlee, of Pa.,

*Resolved*, That the President shall be authorized annually to appoint delegates to represent this Association, at the Meetings of the British Association, the American Medical Society of Paris, and such other scientific bodies in Europe, as may be affiliated with us. Adopted.

Dr. Gluck, of New York, offered the following:

*Whereas*, During the present year a medical congress is to be held in Europe; therefore

*Resolved*, That the American Medical Association send to that Congress four delegates, representing the four sections of the Union.

Dr. Davis, of Ill., thought it might be necessary and proper to send a greater number than four. He moved to lay the resolution on the table. Carried.

Dr. Clendenin offered the following:

*Resolved*, That a committee of one be appointed, for a period of three years, with instructions to report progress at each annual meeting of this Society, to investigate the etiology and pathology of epidemic cholera, and that said committee be allowed to add any other members to the same which they think may be necessary to further the objects of the appointment.

On motion, referred to the Committee on Nominations.

On motion of Dr. Mendenhall, of Ohio.

*Resolved*, That the Secretary be instructed to strike the name of C. H. Cleveland from the list of permanent members of this Association.

On motion of Dr. Atlee, of Pa.,

*Resolved*, That the name of James R. McClintock be stricken from the list of permanent members.

These expelled members were accused by the movers of the resolutions of having retrograded into quackery.

On motion of Dr. Bissell, of New York,

*Resolved*, That this Association has learned with deep regret the death of one of its members, Dr. Theodore Romeyn Beck, of Albany, N. Y., whose whole life has been devoted to the attainment and promotion of medicine and general science, and that we do hereby express our high appreciation of the excellencies of his character, distinguished by its simplicity, integrity, and firmness of purpose, and by the extent and variety of his acquirements in medical as well as in almost every other department of science.

*Resolved*, That the above resolution be referred to the committee to procure memorials of the eminent and worthy dead, and that they be requested to procure a memoir of the late Dr. Beck, to be published in the Transactions of the Association.

Dr. Bloodgood, of Ill., offered the following :

*Resolved*, That the constitution of this Association be so amended as that hereafter the President shall be elected by ballot, and shall not be a resident of the State in which he is elected.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Wister, of Pa., offered the following, which was adopted.

*Resolved*, That the invitation to gentlemen of the medical profession of Canada, extended to them by the American Medical Association at its session in Philadelphia, be renewed for the meeting of Nashville, Tenn.; and that this Association may be safe from the introduction of unsuitable persons, it is recommended that gentlemen presenting themselves from the Province of Canada should be provided with a letter of introduction to this Association from one of the following gentlemen: Drs. Tarquand, A. Scott, Woodstock, Canada; Drs. Hodder, Bethune, Richardson, Bonell, Haswell, Widmer, Beaumont, Herrick, of Toronto; Drs. O'Reilly, Craigie, Duggan, of Hamilton; Dr. Sampson, of Kingston.

Dr. Gunn, of the Committee of Arrangements, stated, that as several delegates from the east had manifested a desire to go to Buffalo on the magnificent steamer *Western World*, of the Michigan Central Railroad line, the agent had kindly acceded to a request to sail her for Buffalo on Friday, (in advance of her regular time), if a specified number would take passage.

Dr. Phelps, of New York, offered the following :

*Whereas*, It has pleased an All-Wise, but Inscrutable Providence to visit the city of Norfolk, Va., and vicinity, with a desolating pestilence, equal, or surpassing, any recorded in ancient or modern times, and by which, in a few weeks, forty physicians, either residents, or those from abroad, who had promptly rushed to the rescue, among the number of whom was our late Secretary and associate, Dr. Gooch, of Richmond, had been swept away, therefore

*Resolved*, That such an instance of signal and unflinching devotion to the cause of science and of humanity demands at the hands of this national Association a passing expression of their high admiration of



this, another memorable instance of the unparalleled sacrifices of the profession to the interests of the healing art and of the race.

*Resolved*, That this minute be incorporated in our Transactions. Adopted.

On motion of Dr. Palmer, of Ill., Rev. Samuel A. McCoskry, Episcopal Bishop of this diocese, was invited to a seat upon the platform.

The like courtesy was extended to Dr. Mussey, formerly President of the Association.

Dr. Stocker, of Pa., offered the following amendments to the constitution :

Amend article 3 so that it shall read : " Article 3. The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The Association shall meet biennially in the city of ——. The place of meeting for the intermediate year shall be determined by a vote of the Association."

Amend article 4 by providing for one permanent and two assistant secretaries, and also specifying the duties, &c. of each.

Laid on the table under the rule.

Dr. Dorsey, of Ohio, offered the following :

*Resolved*, That in May, 1858, and every third year thereafter, this Association meet at Washington city, and that the present officers be requested to correspond with the Board of Managers of the Smithsonian Institute, in regard to furnishing necessary rooms for the keeping of the archives of the Association.

Laid on the table under the rule.

On motion of Dr. Sheets,

*Resolved*, That it is derogatory to the dignity of the medical profession to notice the works of irregular practitioners in our medical periodicals.

Dr. Frost, of S. C., objected to the introduction of resolutions. He thought it irregular.—Reports were the order.

Dr. Davis, of Ill., moved that reports be made the special order. Carried.

Dr. Watson, of N. Y., moved to reconsider the last vote, in order to take up the resolutions attached to the report of Dr. Gross, of Ky., upon the " Causes which Retard American Medical Literature." Carried.

The resolutions were taken up. The question being upon their adoption,

Dr. Gross read extracts from his report, explained the intent of the resolutions, insisted upon their necessity, and advocated their adoption.

Dr. Davis, of Ill., was opposed to adopting any report. There were now before the Association two reports, [ the one by Dr. Gross, of Ky., and one by Dr. Breckenridge, of Ky., ] presenting directly adverse views. He thought both should be accepted and referred to the proper committee—nothing more.

Dr. Breckenridge, of Ky., said the point at issue is—whether the Association will favor the sectionalism or the universality of medicine.

If Dr. Gross' report and resolutions are adopted we decided in favor of the former.

Dr. Cobb, of N. Y., foresaw the difficulty that would arise in adopting Dr. Gross' report the day previous.

Dr. Watson, of N. Y., moved to reconsider the vote by which the report was adopted.—Carried.

He then moved that the report be accepted.—Carried.

On motion of Dr. Atlee, of Pa., the report and resolutions of Dr. Gross, and the report of Dr. Breckenridge, upon "American Medical Literature," were referred to the Committee of Publication.

Dr. Palmer, of Ill., from special committee to which was referred the communication of Dr. Hamilton, reported the following resolution, which was adopted:

*Resolved*, That leave be granted to Dr. F. H. Hamilton to make use of the materials of his report on "Deformities after Fractures," which is in course of publication by this association, in his anticipated work upon "Fractures and Dislocations."

Dr. A. B. Palmer, Professor in the Michigan University, from the Committee on Plans of Organization for State and County Medical Societies, presented a lengthened and able report, containing numerous useful suggestions, with outlines for the proper organization of local societies, and a series of resolutions in accordance with the views enforced in the report. Accepted, and referred to the Committee on Publication.

On motion, the resolutions were temporarily laid on the table for further action by the Convention.

Dr. Davis, of Illinois, chairman of special committee, reported on "The Changes in the Composition and Properties of the Milk of the Human Female, produced by Menstruation and Pregnancy," in a paper containing numerous valuable details of much interest to the profession and the public, obtained by careful examination and comparison, and showing conclusively the ill effects of lactation, especially during the latter of the periods referred to. Accepted, and referred to Committee on Publication.

Dr. Chas. Q. Chandler, of Missouri, who was to report on "Malignant Periodic Fevers," submitted, as a substitute, through Secretary Brodie, a paper on "Sulphate of Cinchona," which was received as a "voluntary contribution," and referred to a special committee.

Dr. Johnson, of Chicago, asked further time to report on "Excretions, &c." Referred to Committee on Nominations.

Dr. J. M. Newman, of Buffalo, from Committee on "the Sanitary Police of Cities," presented an elaborate report, embracing details of the various estimated causes of disease in cities, as compared with rural localities, together with numerous valuable statistics of mortality in the largest cities of Europe and the Union, of which the Doctor, at the request of the Association, gave a brief, verbal abstract. The report evidently embodies a vast mass of useful information, with deductions from it that city life is inimical to health and longevity, and arguments enforcing the urgent necessity for ameliorating the sanitary condition



of the populous localities of cities and large towns. Of diseases arising from impure air and insufficient ventilation, classed under the term "zimotoic," the report stated that, in 1850, 40 per cent of all the deaths in the various cities were of that nature. The report also embodied details of the loss of life from cholera, small pox, &c., giving startling expositions of danger from these sources, and recommends the enactment of laws for compulsory ventilation and cleanliness, as well as for vaccination, &c. Accepted and referred to Committee on Publication.

The President here requested such delegates as would prefer to take passage, on their return, on the Michigan Central Railroad Company's steamer Western World for Buffalo, which leaves to-day at 12 M., to signify their wishes.

Adjourned to 2 P. M.

*May 8th—Afternoon Session.*

The Association met at 2 o'clock.

Dr. Frost, of Charleston, S. C., offered the following resolution, which was adopted:—

*Resolved*, That the thanks of this Association are due to the retiring officers for the zealous and efficient manner in which their duties have been performed; to our late President, for the courtesy and ability with which he has presided over our deliberations; to all the officers, for their attention to the laborious duties of their stations—not excepting our Committee of Publication, to whom we must feel indebted for the satisfactory form in which the volume of the Transactions appears.

Dr. A. J. Fuller, of Me., chairman of the Committee on the Best Treatment of Cholera Infantum, read a report thereon, in which he stated that the pathology of the disease was little understood, and that physicians should interchange views on the subject.

The report was accepted and referred to the Committee on Publication.

Dr. Green, of N. Y., chairman of the Committee on the Use and Effects of Application of Nitrate of Silver to the Throat, read a report thereon. He asserted that great benefits had been derived from topical medication in thoracic disease,—tuberculosis, bronchitis, &c. The report was accepted and referred to the Committee on Publication.

Dr. Flint, of Louisville, Chairman of the Committee on the Best Mode of Rendering the Medical Patronage of the National Government Tributary to the Honor and Improvement of the Profession, read a report thereon. He denounced the granting of patents by the United States government to "quack medicines,"—stating, however, that it appears, from a letter written by the present Commissioner of Patents, that the practice of the Office has been to discourage such a use of its functions, and that, during the past 15 years, but four or five such patents have been granted, although from twenty to thirty applications therefor have been made per year. The credit of sanitary improvements, Dr. F. said, was not due to individuals, but to medical science. Such improvements are never discoveries or revelations, but inductions. The United States government should aid the great cause of medical science by making appropriations for the publication of the Transactions of the National

Association, and by paying prizes for the best essays on subjects selected by that Association. The report was accepted and referred to the Committee on Publication.

The Committee on Nominations made the following report:—

The Nominating Committee beg leave to make the following report:  
For Chairmen of Special Committees for 1857:—

Dr. E. R. Peaslee, of Brunswick, Me., on Inflammation, its Pathology and its Relation to the Recuperative Process.

Dr. J. C. Hutchinson, of Brooklyn, N. Y., and Charles E. Isaacs, of New York city, on the Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Augusta, Ky., on the treatment of Cholera.

Dr. Mark Stephenson, of N. Y., on the Treatment Best Adapted to Each Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c.

Dr. J. W. Corson, of N. Y., on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.

Dr. D. Meredith Reese, of N. Y., on the Causes of Infant Mortality in Large Cities, the Source of its Increase, and the Means for its Diminution.

Dr. J. Foster Jenkins, of Yonkers, N. Y., on Spontaneous Umbilical Hæmorrhage of the Newly Born.

Dr. Henry Carpenter, of Lancaster, Pa., on the Use of Instruments in Obstetrical Practice.

Dr. Alex. J. Semmes, of Washington, D. C., on the Measures to be Adopted to Remedy the Evils Existing in the Present Mode of Holding Coroners' Inquests.

Dr. J. Marion Sims, of New York city, on the Treatment of the Results of Obstructed Labor.

Dr. J. B. Flint, of Louisville, Ky., on the True Position and Value of Operative Surgery as a Therapeutic Agent.

Dr. G. Volney Dorsey, of Piqua, Ohio, on the Causes and Cure of Indigestion, especially in Relation to the Therapeutic Indications to be derived from the chemical composition of the Deposits in the Urine.

Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in Courts of Justice.

Dr. Jos. Leidy, of Philadelphia, Pa., on Human, Animal, and Vegetable Parasites.

Dr. M. D. Darnall, of Bainbridge, Ind., on the Value of a Strict Attention to Position in the Treatment of Diseases of the Abdomen.

Dr. George Sutton, of Aurora, Ind., on Milk Sickness.

Dr. Clark J. Pease, of Janesville, Wis., on the Blending and Conversion of the Types of Fever.

Dr. B. S. Woodsworth, of Fort Wayne, Ind., on the Best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever and Malarious Neuralgia.

Dr. Franklin Hinkle, of Marietta, Pa., on the Use of Cinchona in Malarious Diseases.

Dr. Henry V. Campbell, of Augusta, Ga., on the Nervous System in Febrile Diseases.



Dr. John Neill, of Philadelphia, Penn., on the Laws Governing the Absorption and Deposit of Bone.

Dr. John W. Greene, of N. Y. city, on the Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids.

Dr. George Suckley, U. S. A., on the Medical Topography and Fauna of Washington Territory.

Dr. Jas. Cooper, of Hoboken, N. J., on the Flora of Washington and Oregon Territories.

Dr. Chas. E. Isaacs, of N. Y., on the Intimate Structure and the Pathology of the Kidney.

Dr. Israel Moses, of New York city, on the Diseases Incidental to Europeans from temperate Climates in their Transition through Central America.

Dr. T. W. Gordon, of Georgetown, Brown County, O., on the Etiology and Pathology of Epidemic Cholera, to be continued three years, and with power to add any other members.

Dr. H. A. Johnson, of Chicago, on the Excretions as an Index to the Organic Changes going on in the System.

Dr. D. D. Thomson, of Louisville, on the Remedial Effects of Chloroform.

STANDING COMMITTEES.—*Committee on Publication*—Drs. Francis G. Smith, of Pa., Chairman; Caspar Wister, of Pa.; Samuel L. Hollingsworth, of Pa.; Samuel Lewis, of Pa.; H. F. Askew, of Del.; Wm. Brodie, of Mich.; R. C. Foster, of Tenn.

*Committee on Prize Essays*—Drs. Wm. K. Bowling, of Tenn., Chairman; E. B. Haskins, of Tenn.; Thomas Lipscomb, of Tenn.; A. H. Buchanan, of Tenn.; B. W. Avent, of Tenn.; W. A. Cheatham, of Tenn.; Paul F. Eve, of Tenn.

*Committee of Arrangements*—Drs. C. K. Winston, of Tenn., Chairman; Ira Conwell, of Tenn.; William D. Haggart, of Tenn.; J. L. C. Johnson, of Tenn.; F. A. Ramsey, of Tenn.; Geo. Grant, of Tenn.; J. B. Lindsley, of Tenn.

To fill vacancies in the Committee on Medical Topography and Epidemics :—

*New Hampshire*—Dr. V. P. Fitch, of Amherst.

*California*—Dr. Robert Murray, of Fort Miller.

To fill vacancies in the Committee upon a Uniform System of Registration of Marriages, Births and Deaths :—

*Vermont*—Dr. Adrian T. Woodward, of Castleton.

*Connecticut*—Dr. Wm. B. Casey, of Middletown.

*Virginia*—Dr. R. W. Haxall, of Richmond.

*California*—Dr. Arthur R. Stout, of San Francisco.

They recommend the continuance of the "Committee to Procure Memorials of the Eminent and Worthy Dead," and that the report, as far as prepared, be referred to the Committee on Publication.

STANDING COMMITTEES.—*On Medical Education*—Drs. E. Geddings, of S. C., Chairman; C. W. Le Boutillier, of Minnesota; G. F. Mitchell, of Ohio; S. W. Clanton, of Ala.; S. W. Butler, of N. J.

*On Medical Literature*—Drs. R. Hills, of Ohio, Chairman; D. W.

Yandell, of Ky.; R. R. Porter, of Del.; H. A. Johnson, of Ill.; Charles E. Swan, of Maine.

The President stated that Dr. Anderson, of Ala., Chairman of Committee on Medical Education, had sent in his report. It was accepted and referred to the Committee on Publication.

A report from Dr. Worth, of Md., on the Medical Topography and Epidemics of the Eastern Shore of Maryland, was accepted and referred to the Committee on Publication.

A report from Dr. Cain, of S. C., on the Epidemic of Yellow Fever in Charleston, in 1854, was accepted and referred to the Committee on Publication.

A report from Dr. Fenner, of La., on the Medical Topography and Epidemics of Louisiana, was accepted and referred to the Committee on Publication.

Secretary Brodie stated, that he had received a letter from Dr. Dillard, U. S. N., appointed on the Committee on Medical Topography and Epidemics, saying that he could not act, in consequence of having received no appointment as delegate to the Association from the Surgeon General.

Dr. Gunn, of Michigan, said three communications had been handed to the Committee of Arrangements by the Secretaries, which they (the Committee) had not time to examine. He asked that a special committee be appointed to report on volunteer communications.

Dr. Palmer, of Ill., offered the following, which was adopted :—

*Resolved*, That the volunteer communications in the hands of the Committee of Arrangements be referred, with all other such communications, to a special committee to be appointed by the Chair, residing at the place of publication of the Transactions; and if, in their judgment, the papers are worthy, they be referred by them to the Committee on Publication, to go into the Transactions of the Association.

The President appointed as such committee, Drs. A. Stillé, S. Jackson and J. B. Biddle.

The authors and titles of the volunteer communications were announced by Secretary Brodie as follows :—

By Dr. C. J. Chandler, of Rochepot, Mo., on Sulph. Cinchona in Periodic Diseases.

By Dr. Isidor Gluck, of New York, on Formation of Gun Shot Wounds, &c.

By Dr. G. P. Flachenberg, on an Improved Method of Applying Compression to the Scrotum.

A member of the Committee on a Uniform System of Registration of Marriages, Births and Deaths, stated that they were unable to make a report at present, in consequence of the death of their Chairman, Dr. Wilson, of Conn.

The Committee on Medical Literature, for 1855, was continued for another year.

Dr. Neill, of Phil., offered the following resolution :

“ That no paper detailing operations or cures be brought before the Association or entered upon its minutes, except through a standing or special committee appointed upon the subject.”



Dr. Wood, of N. Y., felt wounded at the resolution, and the mover was requested to withdraw it.

Dr. Neill agreed to withdraw the resolution, provided the minutes were corrected.

Dr. Wood's case was expunged from the minutes, and the resolution was withdrawn.

Dr. Gross, of Louisville, tendered, in behalf of the medical profession and the citizens of Louisville, an invitation to the Association to meet in that city in May, 1857. Placed on file.

Dr. Dorsey, of Ohio, offered the following resolution, which was adopted:—

*Resolved*, by the American Medical Association, That the Committee of the Etiology and Pathology of Cholera be instructed to memorialize the Congress of the United States, requesting that honorable body to grant every necessary assistance which can or will promote the objects for which the Committee has been appointed.

Secretary Brodie read a communication from the Royal Medical and Chirurgical Society of England, thanking the American Medical Association for their present of the eighth volume of their Transactions. Ordered placed on file.

Dr. Wister, of Pa., offered the following, which was adopted:—

*Resolved*, That a committee of three be appointed by the President, to correspond with the proper officer of the Smithsonian Institute, inquiring into the possibility of procuring a chamber in that institution, for the uses of this Association.

The President appointed as such committee, Drs. Wister, of Pa., Hale, of Washington, and Neill, of Pa.

*May 9th—Morning Session.*

The President called the Association to order. The Secretary read the minutes of the preceding Session, which were corrected and approved.

Dr. Palmer, of Ill., moved that Dr. Richard Coolidge, of D. C., be substituted in place of Dr. Finley, on the Committee to report on Epidemics. Carried.

Dr. Atlee, of Pa., offered the following:—

*Resolved*, That all voluntary communications, hereafter presented to the Association, shall be referred to a special committee of —, to be appointed by the President, on the first annual meeting, whose duty it shall be to examine such communications, and report upon the propriety of their presentation and reference to the Committee on Publication. Carried.

Dr. J. B. Lindsley, from the Committee appointed to prepare a suitable minute, having reference to the death of Dr. P. C. Gooch, late Secretary of the Association, begged leave to report the following preamble and resolutions:—

Whereas, the exhibition of high courage and self-sacrificing devotion to the good of others, is ever honorable to a profession by whose members it is manifested, and worthy of remembrance and emulation:

*Resolved*, That in the death of Dr. P. C. Gooch, of Richmond, Va., who nobly volunteered his services during the pestilence at Norfolk, we recognize a loss to this Association, the profession, and the country. His arduous and successful labors as Secretary of the meeting at Charleston and Richmond, merited the regard of this Association; the zeal, ability, and industry manifested by him as the founder and editor of the *Stethoscope*—the first medical periodical established in Virginia,—showed his devotion to the cause of medical progress and activity, and the manner of his death, gave signal evidence that he was one of whom his country might well be proud.

*Resolved*, That a copy of these resolutions be transmitted by the Secretary to the relatives of the late Dr. Gooch. Carried.

Dr. Palmer, of Chicago, moved

That the above resolution, together with the suggestions in the report of the Committee on Prize Essays, as to whether any means can be devised to cause an increase of the number of Essays presented, be referred to a Special Committee, of which Dr. Leidy, of Pa., shall be Chairman, to report to the next meeting of the Association. Carried. Drs. G. B. Wood and F. G. Smith, of Philada., were put upon said Committee.

Dr. Samuel Denton, of Michigan, offered the following:—

*Resolved*, That a committee of three be appointed whose duty it shall be to enlist some enterprising publisher, and aid in collecting and arranging material for an American Medical Directory. Laid on the table.

Dr. Smith, of Pa., moved that a special committee be appointed to report at the next meeting of this Association, a classification of those diseases, which involve a derangement of the mental manifestations. Carried, and leave given the mover to appoint the committee, he being Chairman.

The Secretary read an invitation from Dr. Childs, of Boston, inviting the members of the Association to meet with the Massachusetts Medical Society, on the last Wednesday of May. Accepted.

Dr. Atlee, of Pa., moved that a copy of the Association's Transactions be sent to the Epidemiological Society, at London. Carried.

Dr. James L. Phelps, presented a resolution with several preambles, on the subject that "Medical Ethics, as a branch of general ethics, must rest on the basis of religion and morality."

Dr. Gunn, of Mich., moved that any new Medical Society, not heretofore represented in this Association, be required to transmit to this Secretary, with the credentials of its delegates, the evidence of its existence, capacity and good standing. Carried.

Dr. McGrugan moved that a special committee be appointed to report on the subject of "Stomatitis Materna." Carried.

Dr. Bailey moved that Dr. N. S. Davis be requested to continue his observations on the subject of the changes produced in the composition and qualities of milk by pregnancy and menstruation; also, the best substitute for the mother's milk when weaning becomes necessary before the child is eighteen months old, and report at the next meeting of the Association. Carried.

Dr. Atlee, of Pa., moved that the thanks of the Association be ten-



dered to all railroad companies who had furnished members with passes to this convention. Carried.

Dr. Palmer, of Ill., called for some disposition to be made of the resolutions appended to his report on the organization of Medical Societies.

On motion of Dr. Atlee, they were referred with the report for publication.

Dr. Palmer, of Ill., moved that the Association tender a vote of thanks to the press of Detroit for the interest and attention given to their session in this city. Carried.

Dr. Palmer, of Ill., moved that the Committee on Registrations have leave now to present a partial report, which is hereby referred to the Committee of Publication. Carried.

Dr. Leidy, of Penn., offered the following:—

*Whereas*, It is the object of this Association in the award of its prizes for communications on subjects appertaining to medical science, to encourage the progress of the latter, and as this result cannot be better attained than through original investigation and discovery,

*Resolved*, That hereafter an annual prize of — be awarded for the best memoir or essay, founded on original investigations of the author, and in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expense of publishing and illustrating such memoirs as may be subsequently deemed worthy of an award. Carried.

On motion the Association then adjourned to meet at Nashville, Tenn. on the first Tuesday of May, 1857.

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## BIBLIOGRAPHICAL NOTICES.

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*The Principles and Practice of Ophthalmic Medicine and Surgery.* By T. WHARTON JONES, F. R. S., Professor of Ophthalmic Medicine and Surgery in University College, London; Ophthalmic Surgeon to the Hospital, &c. *With one hundred and ten illustrations. Second American edition, with additions, from the second and revised London edition.* Philadelphia: Blanchard and Lea, 1856. 12mo., pp. 500, including glossary and index.

This is an old and well known occupant of the office and the student's table. Although not inferior, considering the nature of its subject, to any of its companions of the Churchill series, in the scope and character of its contents, it is, we believe, the only one of the American reprints of that series which has been allowed to appear in its original duodecimo form. It may there-

fore be regarded as fulfilling the requisites of a manual more nearly than most of its fellows from the same American source; and we are disposed, on that account especially, to recommend it, and to hope that in these days of unwieldy volumes it may receive a hearty welcome from the crowd of students and practitioners, whom it might save from the bewilderment of greater books, if not the more questionable bliss of entire ignorance of their subject. We do not mean seriously to advocate a manual in preference to the systematic treatise, above all such as we already have attainable on diseases of the eye; we desire only to call attention to Mr. Wharton Jones' work as a desirable specimen of its class. Without aiming to be more than "a text-book for students and a book of reference for practitioners," it is sufficiently comprehensive and clear, as well as generally exact and reliable in its exposition of the principles and practice of ophthalmology. It thus offers to students and practitioners of limited means and opportunities—to all, in short, who look to hand-books for their guidance—an amount of information in relation to a difficult yet unavoidable branch of practice, which they will hardly find elsewhere in a shape more available or convenient for their particular use.

The new edition appears to be a decided improvement on its predecessor in more than one respect. The additions of the author in text and illustrations, have brought his work sufficiently up to the date of publication without material effect upon its former size; while the alterations of style and arrangement observable throughout the volume, have very much improved the appearance of the text and general attractiveness of the contents, at the same time that, in the sections and chapters, the old order is preserved.

The labors of the American Editor have been confined to the revision of the English copy for the press,—a matter of considerable moment in pages crowded as these are with numerical references, Greek derivatives and other complicated technicalities—all of which appear to have been attended to with commendable fidelity, and to the introduction of a few "short notes in relation to details of treatment, in which the experience of this city appeared to him to differ from that of London."

We are thankful that his disinclination to increase the bulk



of the volume, or to interfere with most portions of the English text, has led him to confine himself entirely to matters of practical detail, and to aim at rareness as well as brevity in his interpolations. Our views in regard to the editing of foreign publications, and especially to the practice of introducing "American Notes" into unauthorized editions of other men's works, have already been expressed. It is becoming every day more evident that they are in accordance with the prevailing sentiment of the profession. We believe that they are, now at least, shared in by the best known and most active among those who have been singled out to undertake these thankless offices, and by none more justly, perhaps, than the editors of the manuals of which the one before us is the latest. Few of them, we suspect, are still hugging the delusion that their reputations are benefitted, or their time and labor requited, in any way, through such equivocal connections; and more than one, we doubt not, would gladly escape the memory of sundry enduring instances of former "zeal and industry" thus miserably wasted.

There does, however, seem to be some excuse in the idea of adding notes respecting practical details of treatment, which extended experience has satisfied the editor to be necessary in order to render the precepts of the book endorsed by him safe and practicable among those who are asked to be guided by it. It is one of the misfortunes of an editor of a reprint—one of the miseries of the situation, that he must be liable to dilemmas of this kind—that if he undertakes to play the part of Sinbad in any shape, a part which the profession seems generally to think had better not be undertaken at all unless there are palpable reasons for so doing, he must assume and propagate his author's errors, or, by attempting to correct them with caveats and qualifications, expose his unlucky head to the tender mercies of all the critics and cavillers, whether *know nothings* or not, who may choose to spend their words upon him.

We know enough of Wills' Hospital for Diseases of the Eye, and of its Surgeons, to be satisfied that the latter are fully competent to determine upon the proper course of treatment, and the best mode of operating for any of the forms of disease which are presented in its wards; nor are we disposed to deny them the right of modifying treatment and operations which have been

recommended in other countries, so far as to adapt them to the requirements of their experience on patients subjected to their observation here. This is all that we understand our editor, from his preface, to have attempted, and this he has done only to a limited degree.

A reference to the notes will show the reader that they are not numerous, in most cases very brief, always concise and invariably practical. Under these circumstances we confess ourselves but little inclined to complain of their intrusion, especially as Mr. Jones' directions are not such as our own experience would warrant us in following in many places which have been noted and, we think, corrected by Dr. Hartshorne. Indeed, the therapeutic details, under the different heads, although in the main judicious and precise, and, perhaps, full enough for careful and competent prescribers, struck us as the most defective portion of the book—certainly unequal in merit and completeness to the physiological and pathological and most of the operative sections; and we are not surprised that the editor has yielded to the temptation to fill up the few gaps which he has ventured to occupy.

The two longest notes in the book are devoted to the brief consideration of two different subjects, in each of which the experience of Wills' Hospital is certainly large enough to be entitled to respect—the treatment of granular conjunctivitis, and the operation for cataract by division. Of the latter we may say, without hesitation, that our author is, like most Europeans, far behind our native surgeons in experience and success with this operation; and that his account of it is correspondingly unsatisfactory. Dr. Hartshorne, in his note on it, confines himself almost entirely to the opinions and descriptions of Dr. Littell and Dr. Hays, as more authoritative than his own, although he is equally decided in preferring the operation by solution or division to that of reclination, depression or extraction, in the majority of cases. Of the hundreds of operations for cataract performed at Wills' Hospital in the course of twenty-four or five years, a large proportion have been needle operations for solution; and of the whole number, an average of nearly eighty per cent. have recovered tolerable vision. Much of this success may be attributed to the careful treatment of the patient before



and after operation, as well as to the nature and mode of the operative procedure. We did not intend, however, to discuss this or any other individual topic, and must pass on to the subject of granulations, with which we must close this already protracted notice.

Granular lids are among the standing pests of all our dispensaries and infirmaries, and notably of our ophthalmic charities. They are brought to us in crowds, even from shipboard, and they swarm from mines and railroad shanties in every quarter. We were certainly not less surprised and disappointed, therefore, than our editor must have previously been, when we found that the whole history of the therapeutic management of this affection was dispatched in twenty-three lines, and that of these, six were spent in unreasonable abuse of "blue stone," and six more in recommending a mode of scarifying the granulated surface, which we consider very bad practice in this region, whatever it may be in London! Dr. Hartshorne's comment extends over about two pages, and although perhaps as much as should be looked for in such a hand-book, and sufficient in the hints it affords for ordinary purposes, it is not a word too full or too long in proportion to the nature of the case discussed.

We subjoin, in conclusion, the author's paragraphs on this vexatious topic, together with the editor's notes thereon in full. The extract may serve as the only specimen we can afford to present of the work of either party.

*"Treatment.*—In the treatment of granular conjunctiva, care and perseverance are required. Carefully conducted diet and regimen, tonics, good air and protection from changes of weather, are important general points of treatment. The local treatment should consist of, 1st, the application of a leech or two to the eyelids [to the temples or behind the ears, or cups to the temples or nuchæ] occasionally to relieve congestion; 2d, counter-irritation, kept up by repeated blisters [or tincture of iodine] behind the ears and over the eyelids; 3d, scarification of the affected conjunctiva (pp. 76, 77) every second or third day, and immediately thereafter the application to it of some strong salve, such as the red precipitate. In scarifying, it is important to lay open the vesicular granulations, one after the other, by puncture. When fungous, the granulations, if large and prominent, and especially if pedunculated, may be at once snipped off with curved scissors. After the operation the salve is to be applied as after the scarification merely. [Occasional scarification to relieve congestion may be very beneficial, like leeching or cupping, in case of plethora or acute relapse; but our experience has

satisfied us that, in this country at least, the use of the knife and scissors, as well as of leeches and cups, is often injurious, and that scarification is quite as liable to misuse as the blue-stone.]

"In the treatment of granular conjunctiva, blue-stone, as above observed, (pp. 74, 75,) has been sadly misused. Though by it and other caustics, the granulations may have been destroyed, the conjunctiva has been too often destroyed at the same time. The inflammation, the cure of which ought to be the great object aimed at, has been in general rendered more hopelessly incurable. As to the powdered acetate of lead, I cannot speak of it from much experience.

"[The local remedies which have been found the most useful with us, are the nitrate of silver in solution, (gr. viij. to ℥ij. in the fluid ounce of distilled water, according to the nature of the case,) sulphate of copper in the crystal, and liquor plumbi subacetatis in drops. The first of these, in solutions of various strength, according to the stage and character of the disorder and the susceptibilities of the organ to be acted on, appears to be the most frequently available and beneficial in its operation. It may occasionally be used with advantage, even in the proportion of from three to six grains only to the fluid ounce of water, dropped into the affected eye, once or twice a day, or every two days. Nor can it be tolerated in any other strength, by some patients, especially in the summer season. Generally, however, we prefer resorting to the stronger solutions, (from ten grains to thirty in the fluid ounce,) used at longer intervals and applied with the camel's-hair pencil to the granular surface of the everted lids. This surface should be gently wiped with a soft clean sponge or piece of lint; the pencil, charged with the solution, should then be lightly and rapidly drawn to and fro over the granulations, until they are whitened; after which, the surface thus painted should be once more carefully wiped, and the lid replaced. An application of this kind may be repeated, more or less freely, every two, three, four or six days, according to the amount of irritation and other effects produced.

"The liquor plumbi subacetatis is dropped into the eyes, or on the inner surface of the separated lids, in two or three drops at a time, every two or three days, according to circumstances, in the same manner as the weaker solutions of lunar caustic. Like the stronger solutions of this latter salt it must be used less frequently, and may also be laid on with the brush or pencil in the same way.

"The sulphate of copper is applied, at intervals of two, three or four days, and with the same precautions as in the pencilling with the lunar caustic solutions just referred to. The crayon of "blue-stone" must be smooth on its face, clear and clean, rubbed or filed into a small wedge "of the size and shape of the spade of cards," and fixed in a quill or other convenient holder. It is to be drawn over the parts very lightly, with a single sweep in most instances; although in some indolent cases it may be rubbed on two or three times at one application, with manifest advantage as well as impunity. Sulphate of copper is probably best adapted to the pale form of granulation, in which the reaction, and generally the congestion, are comparatively slight—the subacute or the



chronic form; and the mode of using it must depend upon the various and successive grades of irritability, which a cautious and intelligent employment of it may reveal in each case.

"The acute and active, or the congestive, forms of granular conjunctivitis are more likely to be abated by the different strengths of the lunar caustic solution, and by the subacetate of lead. There are, however, so many varieties and shades of irritability, inflammation and granulation between the two extremes of the disease, that the same general rule may serve to regulate the management of all the different remedies; except that of the two last-mentioned, the latter is contra-indicated by the presence of ulceration or any breach of continuity in the parts exposed to its action, and the former, if too long continued, will produce a permanent olive-colored stain. We have, at different times, seen the application of each different agent, in very similar conditions, followed by equally gratifying results, although we are inclined to prefer the lead as a pioneer remedy, in the more acute or inflammatory cases. It is often well to substitute one agent for another; and much good is frequently done by alternating them in the course of the same week; employing, for example, the nitrate of silver, or the blue-stone at discretion, one day, and the subacetate of lead the next, or the second or third day after. When this plan is not adopted, some one of the adjuvants, such as the borax, alum or rock-salt crayon in substance, or solutions of either of these, or the iodide of zinc or the sulphate of zinc and salt solution, or that of tannic acid, or the vinum opii, the diluted citrine ointment or red precipitate ointment being applied to the margins of the lids at night, should be daily employed in support of the strong applications and the general course of treatment. It is obviously impossible, in this volume, to dwell upon contingencies, and to lay down special rules of practice, in the management of this most troublesome and variable affection. Its great prevalence in many parts of the United States, especially among the immigrant population, has induced us to add a few hints to the author's very brief notice. More can be learned from the study of individual cases than from any attempt at detailed directions. For the best American article on the subject, with clinical illustrations, we may refer to the last American edition of Lawrence on the eye, p. 285, et. seq., by Dr. Hays."]

We take pleasure in observing that the book is handsomely printed and amply illustrated. In the latter respect it is particularly well adapted to the wants of a learner, and must prove especially attractive to students. The name of the editor does not appear on the title-page, his share of the responsibility having been assumed at the close of the American advertisement, wherein he very appropriately appends his signature to the only apology which he offers for appearing at all.

*Statistics and Treatment of Typhus and Typhoid Fever, from 12 years experience gained at the Seraphim Hospital in Stockholm, (1840—1852.)* By MAGNUS HUSS, M. D., &c. Translated from the Swedish original, by Ernst Aberg, M. D. London; Longman, Brown, Green & Longman. 1855.

It is well known that there is still a wide diversity of opinion among physicians regarding the identity or non-identity of typhus and typhoid fever; the Irish, the German and the Scandinavian schools regarding them as identical, or nearly related varieties, at most, of the same disease, while the English, the French and the American believe them to be entirely and essentially distinct affections. It is true, that to one not conversant with the literature of the subject, the question of their specific diversity may seem to have been already decided in the affirmative by the investigations and researches of Louis, Gerhard, Jackson, Jenner, Flint and others. An opposite view is held, however, by physicians and pathologists quite as eminent, and whose opinions are, to say the least of them, entitled to respectful consideration. Thus, Dr. Stokes is of opinion that "the advance of knowledge points to the conclusion that, however the continued fevers in the temperate regions of the earth may differ as to certain characters, yet, that they are all closely related; that essentiality appears to be the rule, and its opposite the exception." And Rokitansky, than whom no higher authority can be quoted, when speaking of the "typhus crasis," says, "It comprises the entire nature of the typhous disease, and is at the root of all its phenomena, whether of substantive change or of functional disturbance;" and again, "The typhus crasis manifests a very marked relation to mucous membranes, especially to the lymphatic glands and to the spleen. In middle Europe it is the mucous membrane of the intestine, and especially of the ileum, rarely the bronchial mucous membrane with the lungs and the bronchial glands; in the north, it is rather the last mentioned, namely, the respiratory tract; in the south, (in pest-typhus,) it is the peripheral gland system in which the crasis becomes localized. In the form of a typhous inflammation it determines, in the follicular apparatus of the ileum and in the mesenteric glands, a peculiar marrow-like product, which in in-



tense cases, closely resembles medullary carcinoma."—(Path. Anat. p. 290, Am. Ed.)

In these views the author before us, Dr. Huss, entirely concurs, it being his opinion, drawn from a large experience, that "typhus and typhoid fever, such as they appear in the climate of the north, belong to one and the same pathological process, but that that, which we may call the typhus process, presents several different varieties. These varieties or forms arise from the circumstance that certain groups of symptoms, sometimes from one, sometimes from another of the organs or systems, are more prominent in one individual case than in another. It must certainly be allowed, that the difference may sometimes seem great enough to warrant the admission of distinct diseases, instead of only varieties of the same, but considering the intermediary forms between the two, and how they often change from one to the other and how they unite, the result must be their classification under the same pathological process. It may be very easy to distinguish the two remotest links in the chain, of which the typhus process may be thought to be composed, and then to decide if any particular case is one of typhus or typhoid fever; but even the most penetrating discernment may be baffled in attempting to distinguish one of the intermediary forms, which lie between the two extremes and partake a little of each, and it may perhaps be impossible to make a correct diagnosis."

In his capacity of Physician to the Seraphic Hospital, Dr. Huss enjoyed opportunities of observing and treating these fevers, that seldom fall to the lot of any one individual. During the twelve years from 1840 to 1851 inclusive, the cases received in the hospital under his care and that of his colleague, Prof. Malmsten, numbered 3186. Two severe epidemics, in particular, were studied by him with attention, one of which commenced in September, 1841, and continued till July, 1842; the other in December, 1845 to July, 1846; 503 patients were seen in the first, and 414 during the latter epidemic. "In neither instance were the cases exclusively typhus or typhoid fever—on the contrary, there were some of both; so that in the beginning and to the height of the epidemic, the cases were for the most part typhus, and at the end the typhoid fever almost entirely

prevailed. This statement is founded not merely on the symptoms each individual case presented, but also on the results of the post-mortem examinations. With the exception of four, all who died were examined; there were 55 fatal cases in the former epidemic, 33 in the latter. Of the former 55, 36 presented those alterations of the intestinal tube and mesenterical glands which are peculiar to typhoid fever, and 19 no such alterations. Of the latter 33, only 29 were examined; of these, in 19 the glands were changed in different degrees, the remaining 10 showed no change. During both these epidemics, a contagion or nosocomical miasma developed itself within the hospital, which attacked a few patients who had entered the hospital with other complaints, as well as some of the nurses and medical students. These got what is called nosocomical fever, but the fever agreed in every respect with the prevailing epidemic. Some cases exhibited the petechial form, others the abdominal."

In another more limited epidemic among the *gensd'armes*, at the barracks, where all the men were between 20 and 40 years of age, lived under the same circumstances, and were exposed to the same influences, the diseases was typhus in some, typhoid in others, and took an intermediate form in the remainder. Of 17 cases also occurring at a cabinet maker's, which Dr. Huss saw within a fortnight, 10 were typhus and 7 typhoid fever.

"The following incident may also merit notice: a man had died, it was stated, of typhus. The brother and his wife went to live in the house of the deceased and used his clothes, without previous airing and cleaning. They were soon taken ill and brought to the hospital, where they both died. The husband had violent delirium and a profuse petechial eruption, the post mortem examination showing no change of the intestinal glands; the wife had milder cerebral symptoms, and a very scarce crop of eruption; but on examination swollen mesenterical glands and swollen and ulcerated peyer plaques were found.

The same experience has been made during those years, when typhus has occurred only sporadic; some cases have taken the characters of typhus, others of typhoid fever, though the latter were, under these circumstances, always more numerous. The season also has in this matter shown a decided influence; sporadic typhus occurring during autumn and winter, while spring and summer have introduced the typhoid cases.

Although these facts are founded on observations made in Stockholm, I believe I may state, with probability if not with absolute certainty, that the same may be said of the rest of Sweden, to judge from



the communications received from physicians of different parts of the country."\*

Dr. Huss' experience, regarding the symptoms which are especially considered to mark the distinction between typhus and typhoid fever, is "*that the extreme links of the typhus chain, the severer cases of typhus petechialis and the clearly marked ones of typhus abdominalis, are easily distinguished by the absence in the former and presence in the latter, of symptoms, referable to the intestinal tube; but that a number of forms between the two extremes occur, in which this distinction by no means holds good.*"

As regards the results of dissection, he found, "as a rule, the changes of the intestinal and mesenterical glands wanting in the graver forms of typhus petechialis; as exceptions, enlargement sometimes both of the solitary and peyer glands. It has by no means been uncommon though, to see as well enlarged glands as spread ulcerations in milder cases, although with a decided pronounced petechial eruption." "When these enlargements and ulcerations are perfectly similar with those the abdominal form present, it appears, at least to me, very difficult to explain, why the symptoms during life distinctly marking typhus petechialis, it must nevertheless be a case of typhoid fever, only because there have been ulcerated glands. It is true that these ulcerations occur less spread and less in copiousness in the petechial than in the abdominal form, which seems to me to be occasioned by the existing antagonism between the skin and the intestinal mucous membrane, so that the more copious the eruption is on the skin, the less are the intestinal glands affected, and the contrary. But we have also cases, with all the symptoms and signs of typhoid fever, the rash included, in which nevertheless the intestinal and mesenterical glands have been healthy. Certainly these cases appertain to rare exceptions, but must not therefore be left unnoticed."

These statements, it must be allowed, are very curious and

\* Amongst other information, which has been communicated by my colleagues in the country, the following from Dr. Fr. Lang in Gothenbourg, merits special notice, as it proves that the typhus process in other parts of the country agrees, in the respect in question, with that of the metropolis. A traveller came to a small island, situated on the western coast of Sweden. He was sick when he arrived, and was the same day laid up with a fever. The disease showed all the marks peculiar to typhus petechialis, viz. clearly marked alteration of the blood, and a very copious typhus eruption (ecchymotic petechiæ) and ended on the 9th day fatally. Seven persons were successfully taken ill on the island, only one of these presented the marks characterizing typhus; the remaining six cases, of which one was fatal, were all clearly distinct typhoid. The course of this limited epidemic made it evident, that it was produced by infection from the first diseased person who came ill, before whose arrival no case of typhus or typhoid had been seen for several years, either on the island or in the neighborhood, and that the same contagion produced both typhus and typhoid fever.

interesting, and we have no doubt they will be considered as triumphant by all who believe in the identity of the two diseases. There are several circumstances, however, besides their want of agreement with the investigations of other physicians under similar circumstances, which detract considerably from their value. Thus even the author calls the cases where the symptoms alone, unsustained by any changes in the intestinal glands, have diagnosed typhoid fever, 'rare exceptions,'—and we have failed to discover what was their number, whether two, three, five, or a dozen. The same loose way of writing characterizes the whole 'introduction,' the only part of the work in which the subject of the identity of the two diseases is considered, and altogether destroys the scientific value of the author's views. The weight of *exact* testimony in fact is entirely in favor of the non-identity of the two diseases, and we feel sure that Dr. Huss will persuade no one to the contrary who has carefully studied the modern investigations on the subject, upon which none, we take pride in saying, have thrown more light than American physicians.

The remainder of the work is exact and statistical. As the two diseases are united in his tables, however, the author's results lose much value with those who have no confidence in the identity of the two diseases. The work is admirably translated.

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*Atlas of Cutaneous Diseases.* By J. MOORE NELIGAN, M.D., Edin. M.R.I.A., &c. Philada. Blanchard & Lea. 1856.

The above work, adapted in its references to the author's *Treatise on Diseases of the Skin*, will be found a very useful assistant by all who wish further information on the affections mentioned than can be obtained by merely verbal descriptions. The English edition is stated to be "cheap in price;" the same statement may be safely made, we have no doubt, regarding the American reprint. The work contains sixteen plates and ninety figures.

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*On some of the Diseases of Women admitting of Surgical Treatment.* By ISAAC BAKER BROWN, F. R. C. S. (By Exam.) &c. Illustrated by twenty-four Engravings. Philada.; Blanchard & Lea. 1856.

Our limited space in this number precludes the possibility of



any extended comments upon the above work at the present time. We have carefully examined its contents, and have no hesitation in recommending it as the production of a surgeon who has had much experience in the subjects it discusses. Dr. Marion Sims' treatment of vesico-vaginal fistula is, we are glad to find, fully described. The suture used by Dr. Sims, the author believes to be the best now known.

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## THE MEDICAL EXAMINER.

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PHILADELPHIA, JUNE, 1856.

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A very large portion of our space in this number is devoted to the publication of the proceedings of the last meeting of the American Medical Association. In its preparation, not having had the pleasure to be present ourselves, we have mainly adopted the excellent Report published in the "Detroit Free Press," which we are informed may be generally relied on, both in regard to its fulness and accuracy. We take great pleasure, also, in laying before our readers the very able and eloquent address of the retiring President, Dr. Wood; an address which we are confident will be received by the profession everywhere, as it was listened to in Detroit, with unmingled gratification.

The number of delegates present at the meeting, we learn, was about three hundred, the largest portion of whom were from the West and North-West. The proceedings, we are happy to state, were exceedingly harmonious, and the duties of the Chair, upon which so much depends, were discharged by the President elect, Dr. Pitcher, with dignity and courtesy. The Reports were in many instances able and interesting. None were listened to with more attention than the two from the Committees on Medical Literature. The first presented was by Dr. Gross, of Kentucky, who was appointed at the Session of 1855. The Report urged upon the schools the duty of encouraging American Authors by recommending their works, as text-books for their pupils, and strongly condemned the practice of editing English works, and putting the Editor's name to the reprint. The author of the report did not wish to discourage the use of foreign works, but thought they should be employed, principally, as books of reference, not as text-books.

The report presented on the same subject by Dr. Breckenridge, also of Kentucky, took an opposite view, and recommended "Free Trade" in every way.

Two important amendments to the Constitution were proposed by one of the delegates from Philadelphia, both of which, or somewhat similar changes, strike us as desirable modifications of the present system. One of these proposes that the Association shall still meet annually, and while it still maintains its migratory character, shall have some of the advantages of permanency, by meeting once in two or three years in some fixed place, say, Washington, Philadelphia or New York, where its archives shall be kept, and not be, as is now the case, scattered over the various cities of the Union, in which the Association has already held or may hereafter hold its meetings.

The other amendment suggests one permanent Secretary, and two assistants, one of the latter to be chosen, as at present, from the city where the Association is about to meet. With a view of securing the attendance of the permanent Secretary at all meetings, it is also proposed to pay his expenses to and from the place of meeting, and while attending the same. The advantages of such an officer are too obvious in all well-regulated societies, to need any enumeration.

The afternoon session of Wednesday was, we understand, dispensed with to accept the invitation of the Committee of Arrangements, who hospitably entertained the Association on board of the Steamer Western World. This truly magnificent steamer was filled with the beauty and fashion of Detroit. The sail up Lake St. Clair and back into Lake Erie, we learn, was most delightful, and marred only by the rain which fell unceasingly during the whole period. The entertainment provided was on a most generous scale and no one who was present can fail to remember with pleasure the afternoon spent in the excursion on the Lake.

The Association were handsomely entertained on Tuesday evening at the houses of Drs. Morse Stuart and H. S. Cobb, and of Messrs. Edmund A. Brush and Albert Crane; and on Thursday evening by Dr. Z. Pitcher, and Messrs. Chas. Howard and H. Ledyard. At the latter place, an invitation was extended to the delegates to proceed to the residence of Mrs. Canfield, where an opportunity was afforded them of viewing some exquisite paintings and statuary.

The weather, during part of the time, was most unpropitious.—An easterly wind and drizzling rain prevailing during Tuesday, which latter increased on Wednesday till it poured in torrents.

Although too early in the season to see Detroit to advantage, the impression left upon the minds of all who visited it was, that it is a beautiful city, its society very agreeable, and characterised by the courtesy, kindness, and true hospitality of its inhabitants.



## MEDICAL NEWS.

Dr. Mütter, influenced, we regret to say, by his failing health, has resigned the Chair of Surgery, so long and ably occupied by him in the Jefferson Medical College.

As a teacher and lecturer Dr. Mütter had few equals, and his resignation as well as the cause of it will be universally and very sincerely regretted by the profession.

In consequence of the above resignation, the following resolutions were passed at a meeting of the Board of Trustees of Jefferson Medical College, held May 24th.

*Resolved*, That the Board of Trustees have received with deep regret the letter of Professor Thomas D. Mütter, tendering the resignation of the Chair of Surgery, in the Jefferson Medical College, and give their assent to his request solely on the ground of his impaired health, which, in the opinion of Professor Mütter, renders him unable to discharge its duties.

*Resolved*, That the Board sympathise with Professor Mütter, in the causes that have led to his resignation, and fervently hope that a cessation from the arduous duties in which he has been engaged, may lead to a restoration of his health, and to a long career of eminent usefulness.

*Resolved*, That, as a mark of the high estimation in which the Board of Trustees hold the distinguished services of Professor Mütter, during his long connection with the Institution, they hereby confer on him the honorary distinction of *Emeritus Professor of Surgery* in the Jefferson Medical College.

At a meeting of the Faculty of the Jefferson Medical College, held May 22nd, the following resolutions were passed:

*Resolved*, That whilst the Faculty of Jefferson Medical College have been apprehensive from the correspondence which has lately taken place between them and Professor Mutter, that he might feel impelled to withdraw from his connection with the College, they indulged the hope, that he might still determine to continue in his sphere of eminent usefulness.

*Resolved*, That the intelligence of the resignation of Professor Mutter is, to the Faculty, a matter of the deepest sorrow. As a member of the Faculty through a long series of years, his course has been most satisfactory to his Colleagues; and as a teacher he has been as popular as he was distinguished.

*Resolved*, That the Faculty part with him with the most profound regret; and with heart-felt wishes, that his health may be fully restored, and that his future career may be one of unmixed happiness.

We understand that it is the intention of Dr. Mütter to present the College of Physicians, of Philadelphia, his very valuable, extensive and magnificent museum, consisting of calculi, bones, wet preparations, casts, models and drawings.

It is also the intention of Dr. Mütter to endow the College with the sum of thirty thousand dollars, part of the interest of which sum will be devoted to maintaining the museum presented by him, in good order, and adding to it yearly new preparations. In addition to these, a Lectureship on Surgical Topics will be founded—the lecturer to be appointed every third year, so as to afford the different members of the College the opportunity of lecturing, if so disposed.

We shall publish the Proceedings of the State Medical Society, which has just terminated its Session, in our next number. Dr. R. La Roche was elected the President for the ensuing year.

Dr. S. D. Gross, Professor of the Principles and Practice of Surgery, in the University of Louisville, has been unanimously elected by the Trustees of the Jefferson Medical College to fill the Chair made vacant by the resignation of Dr. Mutter.

Dr. Gross' reputation is so widely extended, and his ability so well known to the profession, that we shall make no comments upon them. His appointment can not fail to give general satisfaction.

Alexis St. Martin, the celebrated subject of Dr. Beaumont's experiments, recently visited our city under the care of Dr. Bunting, of Canada. During his stay here, a series of experiments were performed upon him by Dr. F. G. Smith, the results of which will be given in our next number.

The Fourteenth Annual Report of the English Registrar General, taken in connexion with the Census Report, shows the influence of certain occupations on mortality to be very different from what was previously supposed.

Still, there are certain occupations sufficiently defined to obviate all danger of their being confounded, and whose rate of mortality can now be recorded with certainty. We give these classes at the decennial period, ranging from 45 to 55, which shows the advancing rate of mortality in twelve occupations.

1. *Farmers*.—Of the twelve classes under consideration, Farmers are the longest lived, their rate of mortality being not quite 12 in 1000 (11.99). The number of English farmers of all ages in 1851, including 2429 graziers, was 225,747, of whom there were 53,608 between the age of 45 and 55. In that year, the total number of deaths among farmers of all ages, was 6126, very much below the numbers which would have been registered had these individuals been engaged in other pursuits. These facts prove that the pure air, the daily exercise, the substantial fare, and the other aids to health enjoyed by this substantial class, considerably modify the influence of unfavorable weather, bad seasons, open ports, peculiar burdens on land, and all other ruinous things which farmer's friends have been accustomed to depict in such gloomy colors.



2. Shoemakers hold the next place to farmers, their rate of mortality between 45 and 55 being 15.03 in 1000. They are followed by 3. Weavers, 15.37; 4. Grocers, 15.79; 5. Blacksmiths 16.51; 6. Carpenters, 16.57; 7. Tailors, 16.74; 8. Laborers 17.30. As will be seen on inspection, there is among these seven occupations a gradual increase in the rate of mortality, which, considering their great diversity, is quite remarkable. The near approach of these occupations to each other in the scale of mortality, arises from the circumstance that they have peculiar dangers which tend to counterbalance each other. Thus it is to be noticed, that the tailor is not exposed to the explosions which are fatal to the miner, and the laborer has exercise which is denied to the tailor.

Ascending the scale of danger we pass to—9. Miners, 20.15 in 1000; 10. Bakers, 21.21; 11. Butchers, 23.10; 12. Innkeepers, 28.34."

"A great disparity is observable in passing from laborers into the class of miners, telling a tale of dangers, many of which result from criminal neglect. Between laborers and the last four classes in this table there is a most remarkable hiatus. In the classes previously noticed, the difference in no case is more than one in a thousand, and in some instances less. Here the difference begins with three, and mounts up to nine in a thousand."

The returns show that the highest rates of mortality are found among the Butchers (23.10 in 1000), and the class of Innkeepers and licensed victuallers (28.34 in 1000).

The extraordinary mortality of butchers is a fact for which we are indebted wholly to the last Census. The "red-injected face" of the butcher, has produced a wrong idea as to the healthy nature of his occupation. This idea is now corrected by scientific induction, and proper sanatory means will overcome the evil thus brought to light. To quote the significant remarks in the report conveying this fact, here is an important problem for solution: "On what does the great mortality of the butcher depend? On his diet, into which too much animal food, and too little fruit and vegetables enter? on his drinking to excess? on his exposure to heat and cold? or, which is probably the most powerful cause, on the elements of decaying matter by which he is surrounded in his slaughter-house and its vicinity?"

If the rate of mortality among innkeepers, licensed victuallers, and beer-shop keepers should be seized with avidity by the advocates of teetotalism, they must not be forbidden its use; at the same time they must be reminded, that "many highly respectable men of this class lead regular lives, and are of steady habits; but others exposed by their business to unusual temptations, live intemperately and enjoy less quiet at night than the rest of the community. They are exposed also to zymotic diseases, by intercourse with large numbers of people."

Startling and painful as are these disclosures, they cannot be too widely published. They have a practical value among those who deal with the averages of life, for commercial or benevolent purposes; while, to those more specially concerned, they show the necessity, for their own safety, of employing the measures by which unnecessary disease and premature death may be obviated.

STARTLING MESMERIC EFFECTS.—The Johnson (Mich) Citizen, of last week, says: "Dr. Samuel P. Hart was tried in Circuit Court, Judge Johnson, for committing a rape on the person of Miss Caroline Church. He was convicted, and sentenced to ten years' imprisonment in the State Prison. It appears from the evidence that Miss Church was being magnetized by the defendant, for a paralysis of one limb and an arm. Some nine months subsequent she was delivered of a child. She swore that she did not know whose child it was; that she never had intercourse with any man to her knowledge; and that she did not know her situation until confined. The parents of the girl swore that young men did not visit her, and that the defendant had ample opportunity to commit the offence. The people also introduced two gentlemen who have been in the habit of magnetizing so as to render the patient unconscious. The trial lasted two days. A. Blair appeared for the people, and S. C. Wood for the defence.

It must be pleasant to live in a country where men are thus convicted of infamous and atrocious crimes without a particle of proof, but simply because a jury did not know who did commit them if the party on trial did not. There does not seem in this case to have been the least evidence of the guilt of Dr. Hart, nor any attempt to prove anything more than he *might* have committed the offence if he had been so disposed.

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## RECORD OF MEDICAL SCIENCE.

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*On the Course of the Amyloid Degeneration.*—By RUDOLPH VIRCHOW.  
(Abstracted from the Archiv. f. Patholog. Anatomie und Physiologie.  
Bd. viii., p. 364.)

In former communications on the subject of "amyloid degeneration" the Author was able to adduce, as instances of the affection, besides the *corpora amylacea* in the nervous system, only the waxy degeneration of the spleen, liver, and kidneys; but since then some more recent cases have afforded him the opportunity of extending his researches, and of making, as he thinks, a very important advance in the knowledge of the remarkable changes included under the term.

In all these cases there existed chronic, and very considerable disease in some part of the *osseous system*. Even in his former communication, respecting the "waxy spleen," he had noticed that it was especially in persons affected with chronic disease of the bones that this form of degeneration of the organ was presented, and he has since seen scarcely a single case in which the same complication did not exist. This frequent association cannot, he thinks, be explained except upon the supposition that the disease in the bone exerts a determinate influence upon the production of the affection in the spleen, liver, and kidneys. It is usually the case that primary, long-continued disease of the bones, especially *caries* and *necrosis* of the larger bones or portions of the skeleton, in



their subsequent course, induce cachexia and dropsy, and particularly *albuminuria* and degeneration of the kidneys, but how is the connexion between the primary and secondary affections to be explained? Two hypotheses, with respect to this, might be entertained, either the disease in the osseous system may so far interfere with the general nutrition that the constituent elements of the spleen, kidneys, and liver may be deprived of their normal supply of nutriment, and disposed to undergo the amyloid change, or the disease in the bones may actually produce the amyloid matter, which is disposed secondarily in the other organs. In the former case there would be a peculiar metamorphosis, an idiopathic, morbid change in the elements of the spleen, liver, and kidneys; and in the second an instance of metastasis, in which the glandular organs would be merely the seat of the deposition of the morbid material.

Hitherto Virchow has not found in the *bone* itself a substance corresponding to that which occurs in the abdominal glands, whilst he has always detected its presence in the *cartilages*. In an aged individual, who presented in many of the joints the changes peculiar to senile arthritis, the pubic symphysis in particular, towards the interior aspect, was much enlarged, and unusually moveable. When cut across, there was apparent in the middle of it an irregular, vertical fissure, with uneven, somewhat tuberos walls, and without any fluid contents. The layers of cartilage on each side were considerably thickened, of a dirty, yellowish color, and very unequal density; the parts immediately contiguous to the fissure were more especially softened in places, greasy, and as it were, broken up, so that portions, of considerable size, were almost separated from the rest, or were held together only by slender connexions. Microscopic examination disclosed a great variety of constituents. The cartilage cells were generally enlarged, their capsules very thick and wide; in many places considerable-sized groups of them might be observed in a proliferous state, but in some might also be seen minute, roundish, or flattened corpuscles. Towards the surface of the fissure many cartilage cells were in a state of fatty degeneration, the matrix being, at the same time, transformed into a soft, clouded, streaked, and granular substance, in which the presence of cholesterin was here and there perceptible. In these situations the condition might be described as "*atheromatous degeneration*," similar to that which takes place in the arteries. Crystalline cholesterin existed only on the surface, beneath which, however, the matrix presented numerous alterations; isolated portions were composed, in great part, of the unchanged, hyaline, dense substance, close to which might be noticed considerable tracts and masses in which the matrix was streaky and fibrous. The fibres in some parts resembled the rigid filaments in the well-known asbestos-like portions of the costal cartilages, and in others assumed more the aspect of hard, wavy, and strongly refractive *striae*. On the addition of solutions of iodine, either the simply aqueous, or made with iodide of potassium, some portions of the microscopic section at once assumed an intense reddish-yellow (iodine-red) color, whilst others remained perfectly clear and colorless; the greater part presented a yel-

lowish, and, on more prolonged action of the reagent, a yellowish-brown hue. If sulphuric acid or chloride of zinc be now added, the reddish-yellow spots are immediately rendered of a violet, or occasionally, bright blue color, although a strong reddish tinge is always retained. Under the action of a very concentrated solution of iodine, also the color becomes at once dark red, or nearly violet-red, especially when the section so treated is dried and again moistened with water. The places in the section where the iodine reaction took place, might be very distinctly recognized, even by the naked eye, as dark, reddish, or blackish-red points, particularly when thin sections were viewed over a clean, white surface. When examined with the microscope it was readily seen that it was not cholesterin in any form which afforded the simple reaction with iodine; as is usual, this substance, even after the addition of iodine, remained colorless, and did not exhibit any of the often-noticed changes of color, except under the energetic action of sulphuric acid or of chloride of zinc.

It was now a point of much interest to determine in which of the structural elements the reaction took place; with respect to which it was at once evident that both the matrix-substance and the corpuscles participated in it, either each singly, or both, though less extensively, conjointly. Of the corpuscles, again, it was quite evident that it was the thick capsules which afforded the deepest coloring, which was intense in proportion as the corpuscles were of larger size, and more free in the surrounding matrix; but in some places the true cell (contents of the capsules) also appeared to be similarly affected; and especially in the smaller ones, Virchow often noticed the entire corpuscles colored red or violet throughout.

It was remarkable that no microscopic characters could be discerned, from which it might be concluded *a priori* whether the parts would be acted upon by the iodine or not; neither in the matrix, nor in corpuscles, did the spots, which were afterwards colored, exhibit before the addition of the iodine, any difference from those which remained uncolored; nor, excepting the rather remarkable *microscopical* condition of the whole cartilage, could it be said that these cartilages presented any appearance by which they could be distinguished from many other senile cartilages in which the reaction did not occur. This circumstance, with regard to the cartilages, is perhaps of the more importance to be noted, as a strong contrast in this respect was presented in other parts, and especially in the glandular organs, in all of which, especially in more advanced stages of the affection, in the portions where the amyloid change had taken place, a degree of softening independent of any reagent might be recognised, and particularly the presence of a brilliant, pale, thickening substance."

Two additional cases are given, one of a boy who had died of albuminuria and dropsy, following *spondylarthrocasis*, the other of a man who had necrosis of the *femur*; in the first the degeneration was very extensive, and implicated not only all the lymphatic glands, but was also manifested in the vessels of the gastric mucous membrane, in those of



the mucous membrane of the œsophagus, and of the whole intestinal canal, particularly in the small intestine. "It was limited in all parts to the fine arterial vessels of the mucous membrane, or at most involved only those of the uppermost layer of the sub-mucous tissue, and it might be traced to some distance into the arterial side of the capillaries." On the application of iodine, a very deep dark violet color was manifested. The mucous membrane in all these parts had a very pale aspect. It was slightly thickened, unusually transparent, and in parts of gelatinous consistent.

With respect to the course followed by the morbid change, it appears indubitable that the incitement to it proceeds from the diseased bones, whence it extends progressively to the lymphatic glands, then to the spleen, and ultimately to several of the secretory organs. Among these, the first to suffer are invariably the kidneys, then the liver, probably lastly the mucous membrane of the digestive organs; and it is a circumstance of the greatest interest, that both in the kidneys and in the digestive mucous membrane the morbid change always commences in the secretory vessels, in the same way as in the lymphatic glands, the spleen, and renal *papillæ*, the vessels, and especially the arterial, are very early affected. In all cases the normal tissue is removed in proportion to the amount of the new deposit, and it is not the individual elements which degenerate each separately, but the change involves all equally, so that the ultimate products present a very uniform, homogeneous constitution. From all that appears therefore, it is highly probable that the affection consists rather in a metastasis of a material formed in the site of the original diseased action, that is to say, in the bones, and which is transported to the different parts in a state of solution.

The constitution of the deposit is not everywhere alike, as has been before remarked by Virchow ('Archiv. Bd.' iii. p. 144) and Meckel. In particular, it would seem, that the substance in cases of less complete deposition, though assuming a beautiful red color even under iodine alone, receives only an indistinct violet tint on the addition of sulphuric acid, and is never rendered blue. This was the case very remarkably in a boy, fourteen years of age, affected with disease of the lumbar vertebræ, whose liver weighed 5 lbs. 13 oz., the spleen about 7½ oz., one kidney nearly 4 and the other 3½ oz.; in whom the entire parenchyma of the liver, the spleen in its pulp, the kidneys in the *glomeruli*, the afferent arteries, and in the *papillæ*, exhibited the most complete waxy degeneration. With sulphuric acid the iodine-red color was deepened, but rapidly became of a dirty violet, or rather of a dark bluish-red hue, and in parts greenish. In this case, therefore, the substance existed either in a less perfect form, or was mixed with other matters.

*Quarterly Journal of Microscopical Science.*

*Abstract of Meteorological Observations for April, 1856, made at Philadelphia, Pa. Latitude 39° 57' 28" N., Longitude 75° 10' 40' W. from Greenwich. By PROF. JAMES A. KIRKPATRICK.*

1856. April.	BAROMETER.		THERMOM.		Rel. Humid. 2 P.M.	Force of Vapor 2 P.M.	Dew Point 2 P.M.	Rain & Melted Snow.	Prevailing Winds.	Remarks.
	Mean Daily Mean	Inches.	Mean Daily Mean	Deg.						
1	30.245	.165	35.8	5.3	84	.100	18.3	} 0.290	WNW.	Clear. <i>Barometer highest 30.273. Thermometer lowest 23°.</i>
2	29.800	.254	46.0	10.2	39	.167	30.1		S.	Cloudy; rain all day.
3	29.606	.358	58.2	12.2	62	.371	50.8		SW.	Morning rain; afternoon and evening clear.
4	29.655	.104	48.2	10.0	48	.194	3.7		NW.	Morning and afternoon cloudy; evening clear.
5	29.749	.094	44.7	3.5	62	.196	34.0	}	W.	Morning and afternoon cloudy; evening clear.
6	29.747	.011	46.8	2.8	49	.205	35.1		NW.	Clear.
7	29.895	.147	52.7	5.8	51	.283	43.5		SW.	Clear.
8	30.069	.174	57.0	4.3	43	.304	45.4		SW.	Clear.
9	30.031	.115	60.3	3.3	58	.457	56.5	}	SW.	Morning cloudy; afternoon and evening clear.
10	29.981	.103	54.0	7.8	26	.138	25.6		NW.	Morning and afternoon clear; evening cloudy.
11	29.980	.104	50.3	3.7	34	.176	31.3		SW.	Clear.
12	29.496	.484	66.2	15.8	52	.436	55.2		SW.	Cloudy; morning and evening a few drops of rain. 10, P.M. to 10 <sup>1</sup> / <sub>2</sub> , P.M. a wind hurricane from W. and N.W. with thunder and lightning.
13	29.966	.471	47.0	19.2	35	.136	25.1	}	NW.	Morning cloudy; afternoon and evening clear.
14	29.904	.221	52.5	5.8	35	.189	33.1		SSW.	Morning cloudy; afternoon and evening clear.
15	29.706	.198	52.8	7.3	64	.323	47.0		(Var.)	Cloudy.
16	29.877	.170	53.3	4.5	47	.270	42.3		(Var.)	Cloudy; m. and aft. rain, th'r. and lightning; wind E, NE. and N; cldy W.
17	29.692	.184	53.7	3.0	71	.367	50.5	}	E.	Cloudy.
18	29.668	.106	57.0	3.3	43	.256	40.9		(Var.)	Rain all day.
19	29.748	.081	60.7	3.7	35	.262	41.5		W.	Morning clear; afternoon and evening cloudy.
20	29.607	.141	47.8	13.5	88	.292	44.3		SE.	Cloudy; night rain.
21	29.380	.227	44.2	4.7	100	.299	45.0	}	(Var.)	Cloudy; rain all day. <i>Barometer lowest 29.277.</i>
22	29.526	.242	46.0	3.2	78	.272	42.5		(Var.)	Morning rain; afternoon cloudy; evening clear.
23	29.703	.177	53.7	7.7	76	.380	51.4		SW.	Cloudy; afternoon rain.
24	29.708	.009	59.3	5.7	52	.384	51.7		(Var.)	Cloudy; 8 <sup>1</sup> / <sub>2</sub> , P.M., th. and l'g.; 9, P.M., rain; th. and l'g. stopped at 11, P.M.
25	29.912	.203	60.2	0.8	57	.416	53.9	}	NE.	Morning and afternoon cloudy; afternoon rain; evening clear.
26	30.160	.248	57.8	2.7	57	.386	51.8		(Var.)	Morning and evening clear; afternoon cloudy.
27	30.025	.135	61.3	5.5	49	.370	50.7		SW.	Clear.
28	29.785	.210	68.5	7.2	52	.469	57.2		SW.	Morning and afternoon cloudy; evening clear.
29	29.764	.042	74.3	5.8	28	.281	43.3	}	NW.	Morning and afternoon cloudy; evening clear. <i>Thermometer highest 80°.</i>
30	29.930	.166	63.5	10.8	54	.337	48.1		NE.	Cloudy; afternoon rain.
Means for April, 5 yrs.	29.814	.180	54.5	6.6	52	.290	42.7	3.149	S. 73° 37' W. 22-100	
	29.809	.189	51.4	7.0	51	.271	40.9	4.752	N. 65° 55' W. 18-100.	

The Monthly Range of the Mercury in the Barometer was 0.996 of an inch, and in the Thermometer 57°.